

**Noncommissioned Officer Leadership  
Center of Excellence,  
Sergeants Major Course 68:  
The Effects of PCS on Military Dependents**



By:

Troy D. Garner

Stephen M. Robbins

Kellen C. Rowley

Liz I. Suarez

Jermaine D. Thomas

3 May 2018

Sergeants Major Course 68

Table of Contents

	Page
<b>The Effects of PCS on Military Dependents</b> .....	i
Table of Contents.....	ii
Table of Figures.....	iv
Disclosure.....	vii
Acknowledgements.....	viii
Executive Summary.....	ix
Author’s Biographies.....	x
<b>1. Introduction and Background</b> .....	1
<b>2. Literature Review</b> .....	3
Healthcare.....	4
Social Effects.....	8
Psychological Effects.....	10
Employment.....	12
Education.....	14
<b>3. Research Methods</b> .....	17
Methods.....	18
Participants.....	18
Materials.....	19
Design.....	19
Procedures.....	20
Data Methods.....	21
<b>4. Healthcare</b> .....	24
<b>5. Social Effects</b> .....	39
<b>6. Psychological Effects</b> .....	54
<b>7. Employment</b> .....	60

<b>8. Education</b>	66
<b>9. Summary</b>	71
<b>10. Recommendation</b>	75
<b>Appendices</b>	79
A. Appendix A: Survey	80
B. Appendix B: Statistical Analysis	86
C. Appendix C: Demographics	125

## Table of Figures

	Page
Figure 4.1 Respondents with Dependents Enrolled in EFMP.....	24
Figure 4.2 Respondents with Dependents Requiring IEP.....	25
Figure 4.3 PCS Effect on Tricare.....	26
Figure 4.4 Effect of PCS on EFMP Services.....	27
Figure 4.5 Effect of PCS Continuity of Care for Dependents.....	28
Figure 4.6 Effect of PCS on IEP Continuity of Care for Dependents.....	29
Figure 4.7 Respondents Who Have PCS'd with Family Due to Dependents Healthcare Issues.....	30
Figure 4.8 Does EFMP Cover All Dependents Needs?.....	31
Figure 4.9 Satisfaction with EFMP Process to Report Problems.....	32
Figure 4.10 Is EMFP Responsive to Problems with Dependent Healthcare?.....	33
Figure 4.11 Was EFMP Responsive to Report Problems Adequately?.....	34
Figure 4.12 Factors That Impede Dependents from Seeking Help.....	35
Figure 4.13 Adequate Medical Intervention When a Dependent Demonstrates Issues with Medical, Educational, or Behavioral Health.....	36
Figure 4.14 What Is the Ideal Length of Tours to Improve EFMP Services?.....	37
Figure 5.1 Effectiveness of Relocation Readiness Program.....	40
Figure 5.2 Effectiveness of Army Sponsorship Program.....	40
Figure 5.3 Effectiveness of On-Post Housing Program.....	41
Figure 5.4 Effectiveness of MWR Facilities.....	41
Figure 5.5 Effectiveness of Military One Source program.....	42
Figure 5.6 Effect of PCS on Extracurricular Activities.....	43
Figure 5.7 Effect of PCS on Social Connections and Activities.....	44
Figure 5.8 Improvement of Military Programs.....	45
Figure 5.9 Would Longer Tours Improve Social Connections?.....	46
Figure 5.10 Spouse Lost Job Due to PCS.....	47

Figure 5.11 Effect of PCS on Spouse’s Earnings.....	48
Figure 5.12 Effectiveness of Employment Readiness Program.....	49
Figure 5.13 Effectiveness of MYCAAS.....	49
Figure 5.14 Would Longer Tours Improve Spouses’ Employment Opportunities?.....	50
Figure 5.15 Respondents with Dependent Children.....	51
Figure 5.16 Dependent Children Age Group.....	52
Figure 5.17 Effectiveness of Family Resilience Training.....	53
Figure 6.1 Percent of Dependents Who Received Behavioral Health Services.....	55
Figure 6.2 Type of Dependents that Have Received Behavioral Health Services.....	56
Figure 6.3 Number of Years Dependents Received Behavioral Health Services.....	56
Figure 6.4 How Military Dependents Feel About Behavioral Health Services.....	57
Figure 6.5 Rating of Family Communication Skills.....	58
Figure 6.6 Rating of External Family Support System.....	59
Figure 7.1 Number of Spouses Currently Employed.....	60
Figure 7.2 Effect of PCS on Opportunities to Get a Job.....	61
Figure 7.3 Job Opportunities in a Particular Field.....	62
Figure 7.4 Underemployed.....	63
Figure 7.5 Spouses with Lower Pay Jobs After PCS.....	64
Figure 7.6 Considered Separating from the Military to Improve Spouse’s Job Opportunities.....	65
Figure 8.1 Effect of PCS on Children’s Educational Development.....	66
Figure 8.2 Experienced Significant Difference in Quality of Education for Your Dependents After Relocations.....	67
Figure 8.3 Considered Separating from the Military to Support or Improve Spouse’s Educational Opportunities.....	67
Figure 8.4 Considered Separating from the Military to Support or Improve Children’s Educational Opportunities.....	68

Figure 8.5 PCS Without Family to Improve Their Educational Stability.....	69
Figure 8.6 Would Longer Tour of Duties Improve your Dependents Educational Opportunities?.....	70

## **Disclosure**

UTEP MPA students undertook this report as a Capstone project. The views and analysis expressed in this research report are those of the authors and not necessarily those of the United States Army or United States Army Sergeants Major Academy.

## **Acknowledgement**

We would like to give a special thank you to the United States Army Sergeants Major Academy leadership for allowing students from the University of Texas at El Paso Master of Public Administration program to conduct our capstone research project on the USASMA campus. We would also like to thank all the Sergeant Major Course Students of Class-68 who took time from their busy schedule to participate in and complete our survey. Your feedback is instrumental in identifying and providing a comprehensive understanding of the impact that a permanent change of station move has on a military family. We are highly indebted to Command Sergeant Major Jimmy Sellers, Command Sergeant Major Nuuese Passi, and Sergeant Major Reginald Gooden for their guidance and constant supervision as well as for providing necessary information regarding the project & also for their support in its completion. Again, thank you from all five of UTEP MPA program students.



## **Executive Summary**

This report studies how frequent permanent changes of station (PCS) for active duty US Army members enrolled at the United States Army Sergeants Major Academy (USASMA), class 68 affect their dependents. Previous research has found that military dependents are critically impacted in areas such as medical services, education, employment, and social programs. Students from the University of Texas at El Paso, Master of Public Administration Capstone program conducted a Dependent Quality of Life (QoL) survey in March, 2018 that consisted of 392 USASMA students out of a total population of 706. A hard copy survey questionnaire, which consisted of 34 questions, was provided to 392 students. The questions were a combination of multiple choice and category selections that pertained to Tricare services, behavioral health services, exceptional family members programs (EFMP), spousal employment, and dependent education.

## **Author Biographies**

### **Troy D. Garner**

Troy D. Garner is from Mount Holly, VA and has served in the U.S. Army for 19 years in the Armor force. He is currently a geographical bachelor in El Paso, TX. His wife Shana and two children currently reside in Harker Heights, TX. He presently serves as a student of the USASMA Resident Course (Class 68). His education includes a Master of Public Administration from the University of Texas at El Paso and a Bachelor degree in Criminal Justice from Troy University.

### **Stephen M. Robbins**

Stephen M. Robbins is from Fort Myers, FL and has served in the U.S. Army for 22 years. He currently resides in El Paso, with his wife Rachel and daughter Ava. He has an older daughter, Megan, who is attending the University of Colorado. He presently serves as a student of the USASMA Resident Course (Class 68). His education includes a Master of Public Administration from the University of Texas at El Paso and a Bachelor of Science Degree in Psychology from Coastal Carolina University.

### **Kellen C. Rowley**

Kellen C. Rowley is from Rochester, NY and has served the Army for 16 years in the Air Defense Artillery. He currently resides in El Paso, Texas with his wife Doris and three boys, where he serves as a student in the USASMA Resident Course (Class 68). His

education includes a Master of Public Administration from the University of Texas at El Paso and a Bachelor degree in Criminal Justice from American Military University.

**Liz I. Suarez**

Liz Suarez is from Caracas, Venezuela. She has worked for the Fort Bliss Installation Command as an Auditor in the Internal Review and Audit Compliance office for the past four years and as an Army Civilian Employee for over eight years. She currently resides in El Paso, TX with her husband William, who is a USASMA Resident Course (Class 68) student, along with their three children. Her education includes a Master of Public Administration from the University of Texas at El Paso and a Bachelor degree in Accounting with a minor in Business Administration from the University of Maryland University College.

**Jermaine D. Thomas**

Jermaine Thomas is from Detroit, Michigan and has served in the U.S. Army for 21 years. He currently resides in El Paso. He presently serves as a student of the USASMA Resident Course (Class 68). His education includes a Master of Public Administration from the University of Texas El Paso and a Bachelor of Science Degree in Business Administration from Columbia Southern University.

## **Introduction**

Five students attending the University of Texas El Paso's (UTEP) Master of Public Administration (MPA) program conducted a capstone research project gathering data with the aim of lowering the effects of a PCS on military dependents. The purpose of this research is to identify and provide the leadership of the United States Army Sergeants Major Academy (USASMA) with an analysis and recommendation of the effect of PCS on military families.

## **Background**

The student population for USASMA, SMC Class 68, 2017-2018 numbered 706 individuals. Students selected to attend the United States Army Sergeants Major Academy have diverse demographic backgrounds that may require special considerations such as Healthcare, the Exceptional Family Member Program, Social Effects, Psychological Effects, Employment, and Education. As UTEP MPA students, we wanted to conduct a capstone project that would provide valuable information to leadership of USASMA for future SMC classes. The research emphasis during data collection focused on opinions regarding the topics stated above.

Data collection consisted of 750 paper copy questionnaires distributed by five MPA students during a one-day period on the USASMA campus. A total of 392 questionnaires were completed and returned. To maximize participation, the use of paper surveys allowed for maximum data to be collected immediately after a briefing in the East Auditorium, with all USASMA students attending. This survey method provided

low cost, quick data collection and ease of access for the SMC student body. The goal of this research was to identify and provide the Commandant of the United States Army Sergeants Major Academy (USASMA) with an analysis of the effects of PCS on military families.

### **Sergeant Major Academy Resident Course**

Annually USASMA hosts the Sergeants Major resident course. The resident course begins in August with graduation the following June. The course hosts between 400 and 750 students annually. The course mission is to provide professional military education (PME) that develops enlisted leaders to meet the challenges of an increasingly complex world, and develop leaders who are fit, disciplined, and well-educated professionals. During the course, USASMA students complete studies in Joint Interagency, Intergovernmental, and Multinational Operations, Force Management, Army Operations, Command Leadership, and Training and Doctrine.

## **Literature Review**

This literature review focuses on the effect that permanent change of station (PCS) has on military family members, alternately referenced henceforth as dependents. Sources examined focus on how PCS affects dependent healthcare, the social and psychological effect of PCS on dependents, and the effects of PCS on dependent employment and education.

The military requires service members to PCS frequently. On average, service members are 2.4 times more likely to move than employed civilians, with military ordered PCS occurring every two to three years (Cooney, De Angelis, & Wechsler Segal, 2011). Cable, Coleman and Drummet (2003) explain that one-third of military families PCS each year, having an outsized impact on the lives of these dependents. Frequent moves can cause a constant state of disorder and upheaval and can have a significant deleterious effect on overall quality of life.

### **PCS Effects on Dependent Healthcare**

Beck and Gleason (2017) posit that despite nearly unlimited financial access to healthcare, with next to no out of pocket costs, military dependents often experience no better, and in some studies, poorer health outcomes. They further hypothesize that a lack in continuity of care, attributed to PCS, can have a profound negative impact on the healthcare outcomes of military dependents. Similarly, according to Burns, Lurie and Whitley (2018) military members have continually experienced dissatisfaction with access to healthcare and treatment outcomes, largely due to an inflexible and inconveniently bureaucratic process. This is supported by the work of Jagger and Lederer (2014) who write about the difficulty that constant moving and the associated

uncertainty facing service members and their dependents, have on quality of healthcare.

Because of the frequent moves associated with military service, family members enrolled in the Exceptional Family Member Program (EFMP) are often subject to a lack of continuity in their healthcare and educational needs which can cause a degradation in treatment outcomes. The EFMP is defined as a mandatory enrollment program that works to provide comprehensive medical, educational, therapeutic, and personnel support for all service member dependents with ongoing health care needs (US Department of the Army, 2017).

Often, when military families utilizing EFMP, arrive at new duty stations, they face challenges in the structure and design of care. Davis, Finke, and Hickerson (2016), explain that access to intervention and assistive healthcare devices and therapeutic tools are often delayed due to a lack of providers in the area who accept TRICARE, in addition to a general hassle and bureaucratic walk-through of needed documentation, approvals, and paperwork that must be completed when arriving at a new installation. Further, Becker, Cataldo, Esposito-Smythers, Spirito, and Swenson (2014) suggest that there are three external barriers to family members seeking help that they need: logistic concerns, financial concerns, and time and effort concerns. These are largely a result of gaps that EFMP and TRICARE coverage that may require time away from work and corresponding lost wages, lost school time, the need for childcare, time committed to transportation and out of pocket costs that result from these concerns. One notable



gap is in TRICARE coverage of mental and behavioral health. These issues are compounded when completing a move or when a service member is deployed.

Sauerwein and True (2016) write that there is an inherent inefficiency in the way the EFMP and military healthcare system manage the treatment of chronic issues and diseases, even after military families are established at an installation and a plan for care has been devised. These disconnections and disruptions in healthcare delivery contribute to the perception of quality of service received by families. As one might expect, a large amount of the breakdown in service provided through the EFMP, can be traced to a lack of effective communication between stakeholders. This leads to finger pointing and a lack of understanding of what a family requires, and the perceived quality of service that the family receives. Snyder (2015), suggests that there is no greater factor in enhancing patient satisfaction and ensuring the growth of positive relationships than productive communication that addresses dependents' needs for information, and assures their inclusion in active decision making with regard to treatment plans and utilization of the EFMP.

Military family members face a much higher prevalence of special needs, particularly in the area of emotional and behavioral health. This can, in large part, be attributed to frequent deployments and the uncertain, transient nature of military life (Cardin, Flittner-O'Grady, Lester, MacDermid-Wadsworth, Mustillo, Topp, & Willerton, 2015). Further, EFMP cannot realistically screen for these types of issues, and so issues must be self-reported by those who wish to seek help, or in the case of parents, refer their children for help. If issues are not reported, there is virtually nothing the EFMP

system can do to assist with the problem. Cardin et al. (2015) states that the recognition of these problems is the largest barrier to receiving adequate care, and that family members must rely on their own vigilance and recognition of risk factors, in order to appropriately refer themselves and/or children. Further, the authors emphasize that it is critical to overcome stigma in reporting these issues to EFMP in order to receive proper medical care.

In addition to the three external barriers earlier discussed, Becker et al. (2014) describe four internal barriers to seeking help, which including confidentiality concerns, stigma, an ethic of self-reliance, and a lack of interest or perceived irrelevance. It is suggested that these are ingrained in military culture, and are perpetuated through family members desiring to live up to a perceived standard of that culture. This is further endorsed through the work of Ferraro, Lucier-Greer, Mancini, O'Neal and Ross (2016) who discover that military dependents mirror one another's behavior as a coping mechanism in the face of the frequent life stressors they must often endure. This mimicry effects everyday activities such as eating, sleeping, and exercise habits, and extends to aspects of behavioral and psychological health such as depression, anxiety and self-efficacy. Most significantly, this tendency lends itself to both positive or negative help-seeking behavior, and associated health outcomes. This is demonstrated through respondents who viewed their family relationships as positive and productive, grounded in solid communication, being more likely to seek necessary healthcare, behavioral or otherwise. Conversely, those who reported negative familial foundations

and inadequate communication often had poorer health outcomes and an aversion to seeking medical help (Ferraro, Lucier-Greer, Mancini, O'Neal and Ross, 2016).

### **Social Effects of PCS**

The loss of social relationships with family, friends, and community following every PCS can introduce significant negative effect to dependents. Pettit (2000), describes this loss of social connection as the loss of social capital. Adler and Kwon (2002), define social capital as the good-will obtained through the social relations a person keeps with the people and community around them, and the sense of enrichment and worth felt in these social transactions. In a study conducted by the University of Washington, Pettit (2000), concluded that the effects of moving on social connections depended on the following variables: quality of the neighborhood to which the family moves, family financial resources, and the age of the children at the time of the move.

Some studies have found that when compared to civilians, frequent moves have less negative impact on military families socially because of the structured environment the military provides (Murphey, Darling-Churchill, & Chrisler, 2011). Additionally, military families are offered services that help in the transition to a new location, such as relocation assistance and family sponsors. Further, military installations offer families comparatively safe communities that invite socialization with other members of the community. Also, military sponsored organizations at every installation allow families to participate in events and activities, allowing children and parents to feel a sense of belonging in their new communities (Pettit, 2000).

Military communities continually change and adapt to support families of service members who must endure frequent PCS. According to Huebner, Mancini, Bowen, and Orthner (2009), community support is the best resource for helping military families effectively cope with the adversity and challenges produced by frequent moves. The military community has applied principles of Community Capacity Building Programs by creating organizations that respond to dependent needs. These organizations provide opportunities for different families experiencing similar situations to come together and take part in sponsored activities that offer resources and services (Huebner et al., 2009). These military programs support dependents and assist with employment, financial information, health issues, and many other matters. Most importantly, they assist in creating a connection between the family and the community around them. Moreover, these programs have continually evolved as the military has become increasingly aware of the benefits provided by community support programs in assisting dependents navigate life in schools, with peers, and in their neighborhoods (Kudler & Porter, 2013).

Despite the above interventions, relocation often dictates losing social networks, friends, co-workers, neighbors, and proximity to family members (Desrosiers, 2014). These changes brought about by PCS can disrupt dependent social support, which helps dependents “get by”, and social leverage, which helps dependents “get ahead”. This disruption can damage the relationships that most foster the skills and capabilities needed by dependents and endangers access to successful educational and occupational opportunities for achievement (Pettit, 2000).

As with any disruption of routine, young children perform best when parents and other caring adults take time to prepare them for PCS, and model positive coping skills (Murphey et al., 2011). In a study of resilience among military youth, researchers argued that exposure to positive stress may help develop coping mechanisms that would aid children in better managing life stressors (Easterbrooks, Ginsburg, & Lerner, 2013). Positive stress is that which occurs in demanding situations coinciding with a controlled and supportive environment. Resilience, the ability to adapt positively to adversity, is a quality developed by many military children as they cope with altered routines and additional responsibilities incurred during PCS. Resilience is not a personal trait but a product of the relationships built between children and caregivers and the resources structured around them (Easterbrooks, et al., 2013). This point reinforces the importance of the structures and systems offered by the military community, as well as the resources available to families that minimize the negative effects of frequent PCS. Therefore, moving could offer children new opportunities to develop and learn, while providing exposure to new activities, cultures, and places (Easterbrooks, et al., 2013).

### **Psychological Effects of PCS**

PCS can disrupt normal family routines and traditions, which may have a negative impact on dependent psychological health and well-being (Bowles, Pollock, Moore, Wadsworth, Cato, Dekle and Bates, 2015). Family routine is an essential component of family unity. Predictable schedules and designated roles in the household are important factors in the psychological well-being in any family, military or otherwise. Any variance in routine, no matter how slight, may have negative

consequence for psychological well-being. Given the rates of relocation experienced by military families, dependents must perpetually adapt to disruptions in routine during military moves (Gomez, 2014). Additionally, previously identified psychological issues are further exacerbated by the difficulties in establishing relationships with new healthcare providers following a move, as it takes time for healthcare providers to understand family dynamics and issues (Bowles, et al, 2015).

Prospect theory, a theory explored by Morrison and Clark (2016), states that existing possessions, including the home and family items within it, are attributed a value that is individually based. This theory is challenging, because the measurement of importance varies between individuals. All families face gain and loss through a relocation, with feelings of gain and loss subjective and individually based. Within a household, dependents may feel different levels of loss in specific parts of their lives. Some may miss the home, others may miss their friends, while others may be excited to move and miss nothing. This variance makes it difficult to predict how a relocation will psychologically affect an entire family during PCS.

The importance of improving, or maintaining family relational health, defined as successful communication and mutually supportive behavior, after a PCS, is important for encouraging positive psychological behaviors (Ferraro, Lucier-Greer, Mancini, O'Neal, and Ross, 2016). Military dependents' psychological health can be greatly affected by the new life that follows a PCS move. If dependents feel they are moving into a situation that is worse than the one they left, there is the potential for increased psychological issues (Ifeagwazi, Chukwuorji and Zacchaeus, 2015). Conversely, if

families feel they are moving into an improved situation such as a better neighborhood or home, psychological well-being may be enhanced.

Strong family communication is an indicator of internal psychological strength (Diehle, Brooks, and Greenberg, 2017). Families that center on togetherness and positive communication are adept at building internal psychological strength. Having the ability to openly discuss grievances or feelings allows family members to confront potential psychological issues before they become problems (Lundquist and Xu, 2014). Ultimately, having a positive family structure in a safe environment correlates to a family with better psychological well-being (Frescoln, Nguyen, Rohe and Webb, 2017).

### **PCS Effect on Dependent Employment**

Dependent spouses have greater difficulty in cultivating careers than their civilian counterparts, and often find themselves sacrificing their potential for their active duty spouses (Alwine, 2016). Moreover, employers often are cautious in hiring members of military families for jobs that require lengthy training or have an extensive learning curve. Thus, when compared to their civilian counterparts, more military spouses are unemployed and work fewer hours for less pay (Hosek, MacDermid, and Wodsworth, 2013).

The above issue can, in large part be attributed to PCS, as spouses are forced to leave their jobs each time a service member is ordered to relocate. Once the family arrives at the new duty station, spouses are often compelled to take part-time positions or lower level jobs, simply to be employed. Data from the *2012 Active Duty Spouse Survey* shows that 52 percent of dependent spouses were employed, 13 percent

unemployed, and 35 percent out of the labor force either by choice or due to a move (Griffin, Karney, Meadows, and Pollak, 2016). In an effort to combat this, the military has attempted to compensate dependent spouses' losses of earnings by steadily increasing service member wages since the year 2000. Wages were increased 40 percent for enlisted service members and 25 percent for officers between 2000-2010 (Hosek, MacDermid & Wadsworth, 2013). Non-cash benefits such as health-care, housing, and service facilities also have become increasingly generous through that period (Hosek, MacDermid & Wadsworth, 2013). Additionally, when based on education comparisons, military members make salaries and receive benefits comparable to, or exceeding their civilian counterparts (Hosek, MacDermid & Wadsworth, 2013). Benefits such as reduced child care, college tuition assistance, and housing entitlements are provided to service members throughout their term of service, which necessitates an extensive network of service member support. These small industry job opportunities could conceivably be made available to dependents, however most of these job opportunities are held by retired service members and citizens in the local community, and not dependent spouses (Walker, 2013).

According to a 2014 Military Spouse Employment Report, many military families receive tax breaks due to their low annual incomes (depending on state of residence and family size) and may qualify for food stamps or the Women Infant Children program, as well, (United States Department of the Army, 2014). Further, over 35 percent of military families reported that they have difficulty making ends meet (Woodworth, 2016). This is incongruent with expectations as a 2012 study showed,



over 38 percent of military spouses have earned a bachelor's degree and 32 percent have earned a Master's degree, higher than the national averages (Woodworth, 2015).

Dependent spouses that do find a way to attain their desired career goals share a common theme, which is rooted in stressing the importance of attitude and drive in achieving goals, as well as consistency and communication among all involved in furthering dependent education and career goals (Becker, 2014). However, a significant portion of spouses find it extremely difficult to balance the obstacles of military life while attempting to cultivate a career for themselves. In many instances, the spouse finds him/herself placing the needs of family members before their own ambitions. By consistently placing the needs of others first, studies have shown that individuals may develop problems with self-esteem or self-worth (Alwine, 2016).

### **PCS Effect on Dependent Education**

According to Chawla and Solinas-Saunders (2011), military dependents relocate, on average, every two to three years. This results in an estimated 500,000 dependent children changing schools annually, most often across state lines, and often internationally. Because of this, the Department of Defense has routinely debated whether to lengthen the time active duty military members with dependents should remain at an installation (Chawla and Solinas-Saunders 2011).

Children from a very young age, are most comfortable and secure in places most familiar to them. Relocating is a stressful and difficult situation that can generate reactions in children ranging from excitement to apathy, and cause them to act out or rebel during a PCS transition. Attending a new school, forming new routines, and

having to make new friends can cause emotional havoc for a school age child (Desrosiers, 2014). Younger children may not understand what is going on and may reflect their negative emotions at school (Murphey et al., 2011). Similarly, throughout their lives, military children are conditioned to relocate and leave relationships behind. Children may develop defense mechanisms to avoid the pain and upheaval of leaving schools by avoiding the development of relationships (McGuinness and McGuinness, 2014). Disrupted routines in education can have a significant impact on the educational outcomes of children (Stites, 2016). Frequently changing schools throughout a child's education can lead to confusion and resistance in adapting to new schools or curricula. A student may thrive in an academic capacity but suffer in other areas that are difficult to detect. In many instances, before those issues are visible to educators, the child is moving once again. An average military child will attend between six and nine schools before their 18<sup>th</sup> birthday (Johnson and Ling, 2013).

Because of the frequent moves associated with military service, dependents are often subject to a lack of continuity in addressing their educational needs which can cause a degradation in outcomes. For example, according to Jagger and Lederer (2014), although military families may be aware of what installation they are being assigned to, they are generally unaware of whether they will live on or off the installation, and in what specific neighborhood and school district they will reside. This limits the ability for a losing school to adequately inform the gaining school of an individualized education program (IEP) and how to implement that program. Similarly, state laws vary in how an IEP is implemented, and through the lack of continuity in

implementation, family members may perceive a degradation in service. This further contributes to a perception that public schools often underserve the needs of military families. There also tends to be a lack of understanding over whether TRICARE (the military's healthcare insurance program) will absorb the costs of a child's treatment or if it is the responsibility of school districts (Davis, Finke, and Hickerson, 2016).

Because of the unique nature of military life, service members are required to relocate periodically throughout their career. This can lead to significant stressors on service members and their dependents and may potentially cause degradation to overall quality of life. However, it is possible, and necessary, to identify flaws, gaps, and inefficiencies in the PCS process, particularly as it applies to dependents. By doing so, constructive measures can be put in place outside of regulations and standard operating procedures to ensure that families are afforded common sense solutions to problems that could potentially affect military families' ability to adapt to the often-demanding conditions of military life. Moreover, these solutions might potentially assist in achieving the military's overarching goal of enhancing the readiness of those who serve.

## **Research Methods**

## **Methods**

Creswell (2009) states that when time is a factor, questionnaires allow a researcher to collect large amounts of data over a short period of time. Questionnaires are relatively inexpensive, and can be created to gather a large amount of data over a variety of topics (Tella, 2015). The purpose of this study is to determine the effects of PCS on military dependents.

### **Participants**

The USASMA Class 68 student body represents a diverse array of personal and military experience. Of the 706 students attending USASMA, approximately 250 were excluded from the study because they did not possess the characteristics under study, which are active duty U.S. Army Soldiers with dependents. International Students, Marines, Airmen, Sailors, and members of the Coast Guard did not participate in this study. Army students that did not have dependents did not participate in completing the questionnaire. Army Reserve and National Guard Students with dependents completed the questionnaire, but their responses were not included in the data analysis. The total population of participants after excluding those not relevant to this study was 392. Participation was voluntary, and all responses confidential.

We chose the students of USASMA as our convenience sample population. Convenience sampling, is a non-probability sampling method that allowed us to use the closest population available to participate in our study (Bailey, 1994).

## **Materials**

Individual participants were surveyed in USASMA's East Auditorium using a five-page questionnaire consisting of 34 questions. Thirty-four questions captured all of the information required for the study. Seven hundred and fifty copies of the questionnaire were printed at Kwik Kopy for a cost of \$236.42. All of the data was coded and entered into an excel spreadsheet by members of the research team. Data was transferred to SPSS Statistics (SPSS) to complete statistical analysis.

## **Design**

The questionnaire went through three revisions prior to administration. Revisions refined the questions to ensure very little chance of misinterpretation by those taking the survey. Survey questions pertained to different areas of the study, and were grouped in a manner to ensure a logical flow to the survey. Two questions sought feedback in written form, others required circling one of a number of given responses. Several Likert scales were used. The use of Likert scales enabled the researchers to gather information about opinions in regard to different experiences and programs offered by the Army. All Likert scales employed a five-point scale with descriptors for each scale point. Garratt, Helgeland & Gulbrandsen (2007) conducted research showing that five-point Likert scales outperformed 10-point scales and were more suitable for assessing experiences. The researchers limited the number of different Likert scales to four in an effort to make the questionnaire less complicated for respondents, and to assist in making data analysis clearer. The Likert scale questions are a tool used for attitude expression on diverse variables that are useful in social

sciences (Kubatova, Seitlova, Stoklasa & Talasek, 2017). Additionally, both ordinal and nominal questions were used, as well as two open-ended questions. Therefore, the survey mixes both quantitative and qualitative data. The questionnaire was pretested with members of the researchers' families in order to ensure the quality, flow, and design of the questionnaire. This has been identified as the most important step to preparing a survey (Bailey, 1994). Four out of five MPA students conducting this study were members of class 68. They recused themselves from taking the survey.

## **Procedures**

Permission to conduct the survey was vetted through the Assistant Deputy Director of USASMA, Sergeant Major Reginald R. Gooden. Students were not gathered specifically to conduct this survey. USASMA students were briefed on participating in the survey in support of UTEP students following a standard Army briefing within USASMA's East Auditorium on the USASMA campus. Following the briefing, SGM Gooden excused from the auditorium, all students that did not have military dependents. He then presented the UTEP research team to the remaining students. One member of the research team explained to the USASMA students why they were being asked to participate in the survey, explained it was voluntary, and gave directions on completing, and turning in the survey. Students were informed that the survey was anonymous, confidential, and had no identifying information on the questionnaire. Each student in attendance received a copy of the questionnaire from the survey administrators. Students were given unlimited time to complete the survey, in an effort to reduce the anxiety of completing a questionnaire within a specified time period

(Weigold, Wiegold & Russell, 2013). The average time for completion of the survey was 9-10 minutes, with a maximum time of 16 minutes. The survey administrators were positioned at the exits of the auditorium with boxes to collect the questionnaires, as students completed the survey and exited the auditorium. The boxes used to collect the surveys were empty paper boxes with slits cut into the lid to increase anonymity of respondents. This was explained to the students prior to beginning the survey. The research team individually thanked each student for their participation after they placed their survey in the drop box.

### **Data Methods**

Frequency was the primary measure employed, using mean values most frequently. Watson (2000) stated that in regard to central tendency, truth comes from a blending of diverse ideas and in this study, the researchers had a very diverse population of respondents. Measures of central tendency are widely accepted as a cornerstone to quantifying data and are seen in a majority of academic and business research (Kubatova, et al, 2017).

As previously stated, different portions of the questionnaire gathered data for particular areas of the overall research study. Data from each survey was coded and entered into a spreadsheet, which made the data suitable for statistical analysis (Bailey, 1994). Upon completion, one person edited the spreadsheet to validate all data. All original surveys were retained for reassessment until completion of the capstone at which time they were shredded. Following data and statistical analysis, the data was



incorporated with literature reviews to provide an overall picture of the impact of PCS on military dependents.

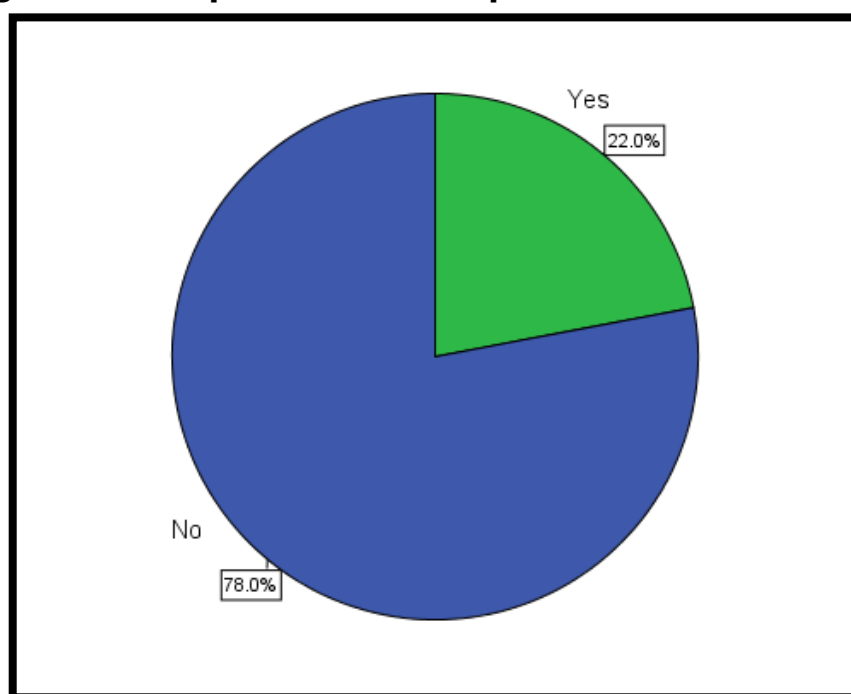
## **Data Analysis**

## Chapter 4

### PCS Effects on Healthcare and the EFMP

Seventy eight percent of respondents indicated that they do not have dependents enrolled in the EFMP. The 83 respondents (22 percent) who answered yes indicated that they have 119 total dependents enrolled in the EFMP as displayed in Figure 4.1.

**Figure 4.1- Respondents with dependents enrolled in EFMP**

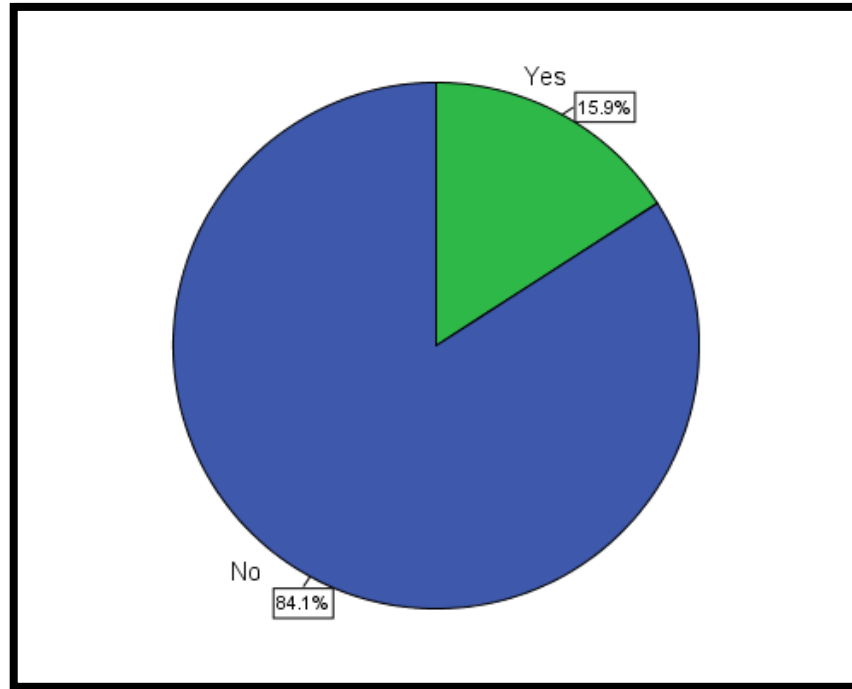


Respondents=377

Respondents' rate of dependents enrolled in the EFMP was more than double the Army average (22.0 percent versus 10.0 percent) (Brofenbrenner Center for Translational Research, Cornell University and University of Kansas, 2013). This could be attributed to the fact that soldiers enrolled in USASMA are older than the Army as a whole, and generally have dependents in greater numbers and of an older age, increasing the likelihood of dependents requiring services provided through the EFMP.

Respondents were then asked if they had one or more dependents who require an IEP, of the 371 respondents, 59 replied that they have dependents requiring an IEP. Additionally, the 59 who answered yes indicated that they have a total of 66 dependents who require an IEP (Figure 4.2).

**Figure 4.2- Respondents with dependents requiring an IEP**



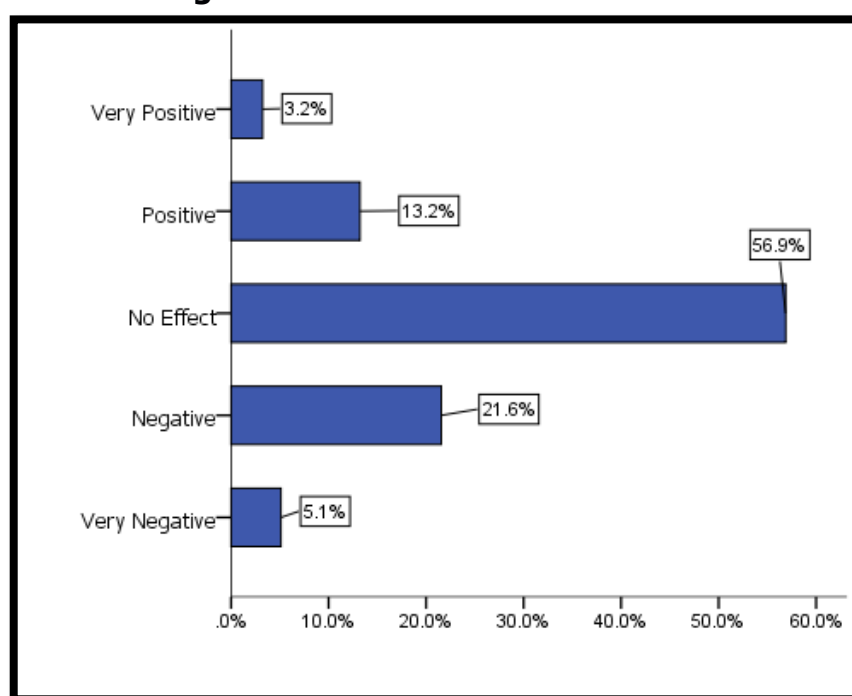
Respondents=371

Like EFMP findings, there is a higher percentage of USASMA dependents requiring an IEP (15.9 percent). The Brofenbrenner Center, et al. (2013), estimate that the Army average of dependents requiring IEP coordination is approximately eight percent. Unfortunately, it is difficult to determine why this may be the case, especially when factoring the discrepancies in IEP processes and therapies from state to state.

The following four questions employed a five-point Likert scale, with possible responses: very negative, negative, no effect, positive, and very positive. The first

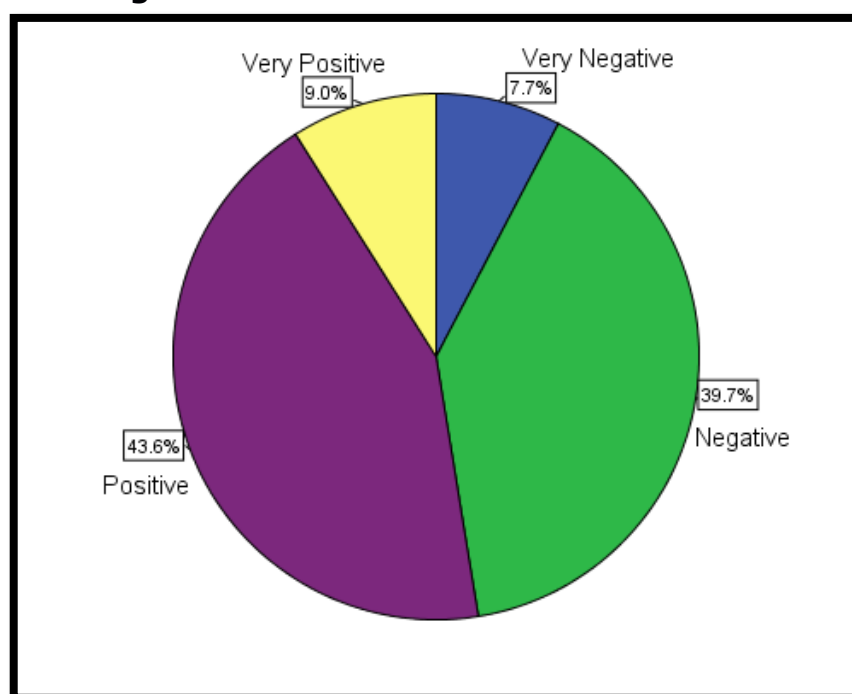
question asked respondents to what degree have frequent PCS affected your dependents with regard to medical services using TRICARE. Most respondents (56.9 percent) reported no effect. Of the 43.1 percent impacted, 26.7 percent of respondents reported a very negative or negative effect (19 and 80 respondents, respectively). Conversely, 16.4 percent reported a positive or very positive effect (49 and 12 respondents, respectively) (Figure 4.3).

**Figure 4.3- PCS effect on TRICARE**



Respondents=371

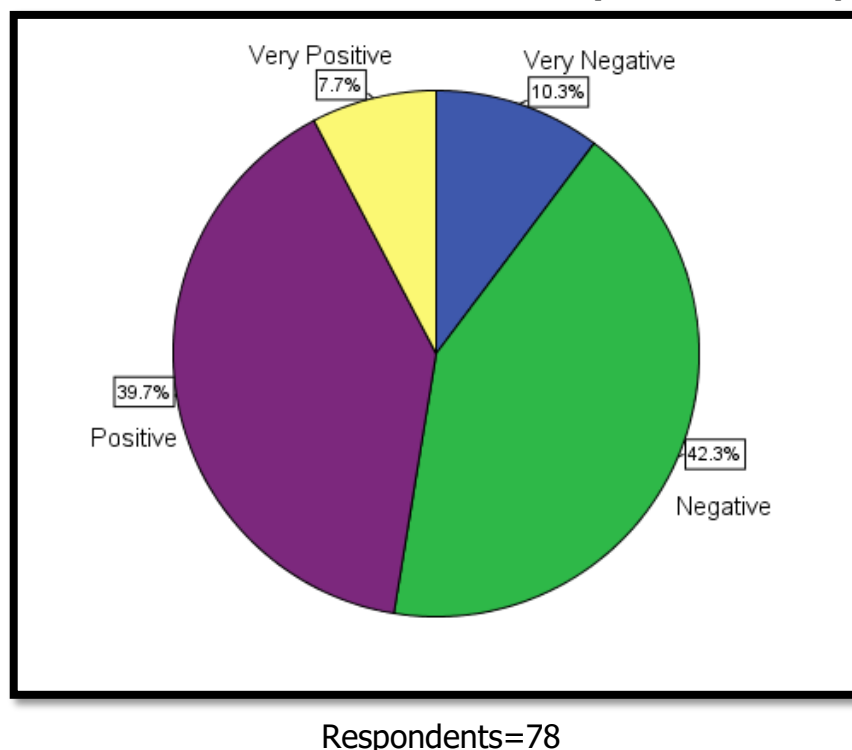
A small proportion of respondent households employed EFMP services (22.0 percent). Of those employing EFMP services, responses were approximately evenly divided between negative and positive responses (Figure 4.4).

**Figure 4.4- Effect of PCS on EFMP services**

Respondents=78

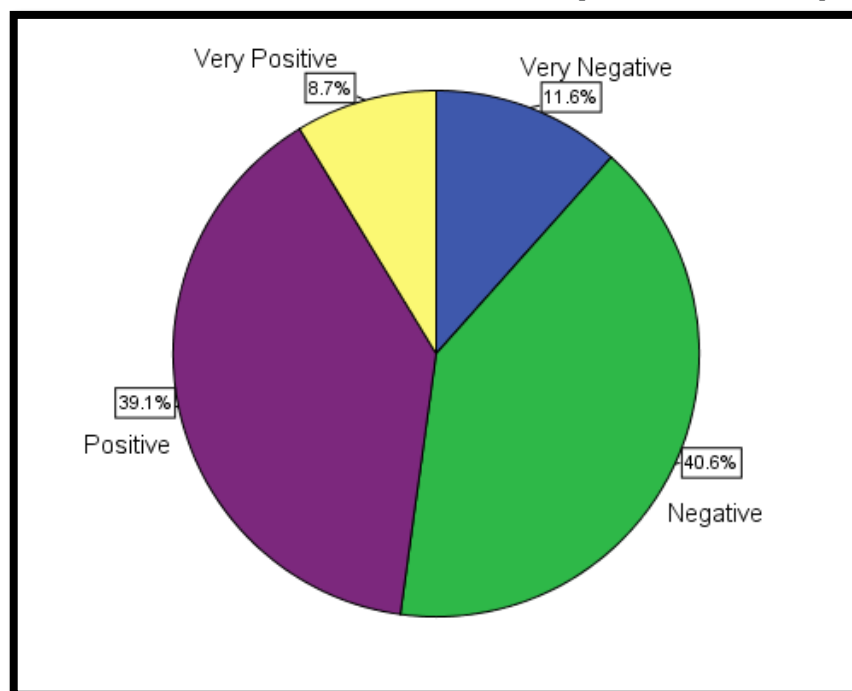
Responses to EFMP services are polarized, with near equal numbers of respondents regarding the program positively as negatively. Regardless of those who are satisfied with EFMP services, there appears to be a significant number of respondents who think that the program needs improvement.

Respondents were next asked how they felt about the continuity of care for dependents enrolled in the EFMP. Based on 78 responses, 52.6 percent responded either very negatively or negatively (8 and 33, respectively), and 47.4 percent responded positively or very positively (31 and 6, respectively) (Figure 4.5).

**Figure 4.5- Effect of PCS on EFMP continuity of care for dependents**

These answers are similar to the opinions recorded for EFMP services, and reflect a similarly polarized result, although this time skewed slightly toward negative responses. Based on these results, a majority of individuals utilizing EFMP reported PCS negatively affects the continuity of care.

The final of these four questions employing a Likert scale asked how respondents felt PCS affected the continuity of care of those with an IEP. Of the 69 respondents, 52.2 percent reported this having either a very negative or negative effect (8 and 28, respectively), while 47.8 percent report either a positive or very positive effect (27 and 6, respectively) (Figure 4.6).

**Figure 4.6- Effect of PCS on IEP continuity of care for dependents**

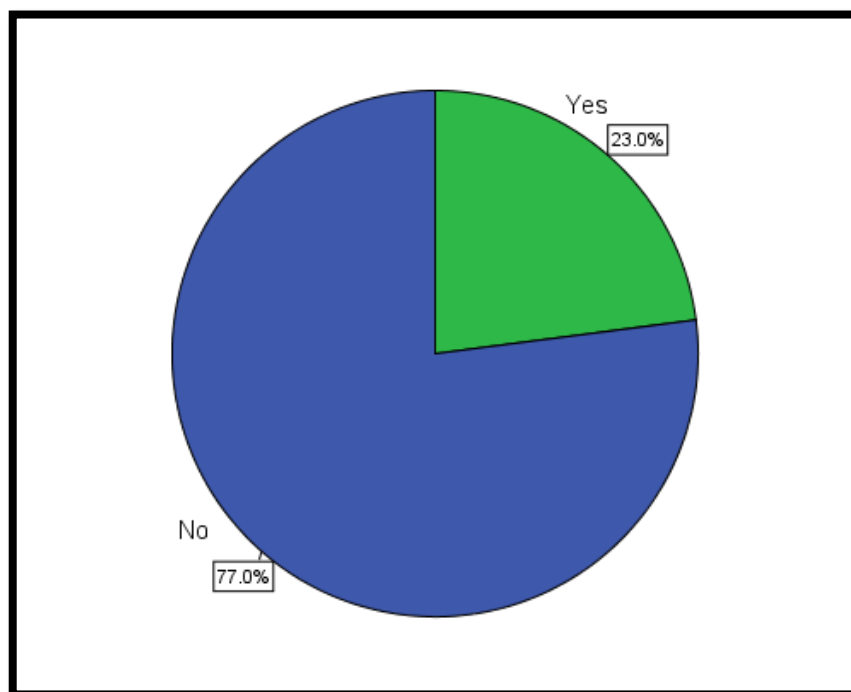
Respondents=69

As above, another polarized response suggests that the majority of respondents whose dependents require IEP services view the continuity of care regarding IEP services to be lacking when families are enduring PCS.

For soldiers, having dependents stationed with the servicemember is essential to morale and overall quality of life. Respondents were asked if they had ever chosen to PCS without their family due to dependent health care issues. Almost a quarter (23.0 percent) of respondents answered that they have chosen not to PCS with family due to health care issues (Figure 4.7).



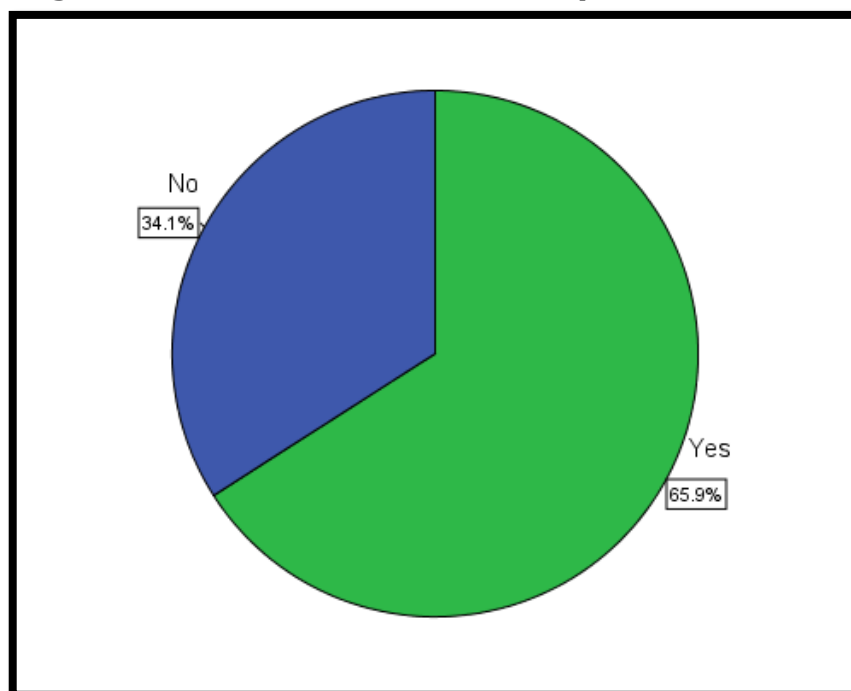
**Figure 4.7- Respondents who have PCS without family due to dependent healthcare issues**



Respondents=318

While the large majority reported that PCS without family due to healthcare issues has not occurred, 73 respondents answered that they have chosen to PCS without family due to dependent healthcare issues is a cause for concern. The data suggests that servicemembers and families are choosing less than optimal conditions due to real or perceived failures in the Army healthcare system.

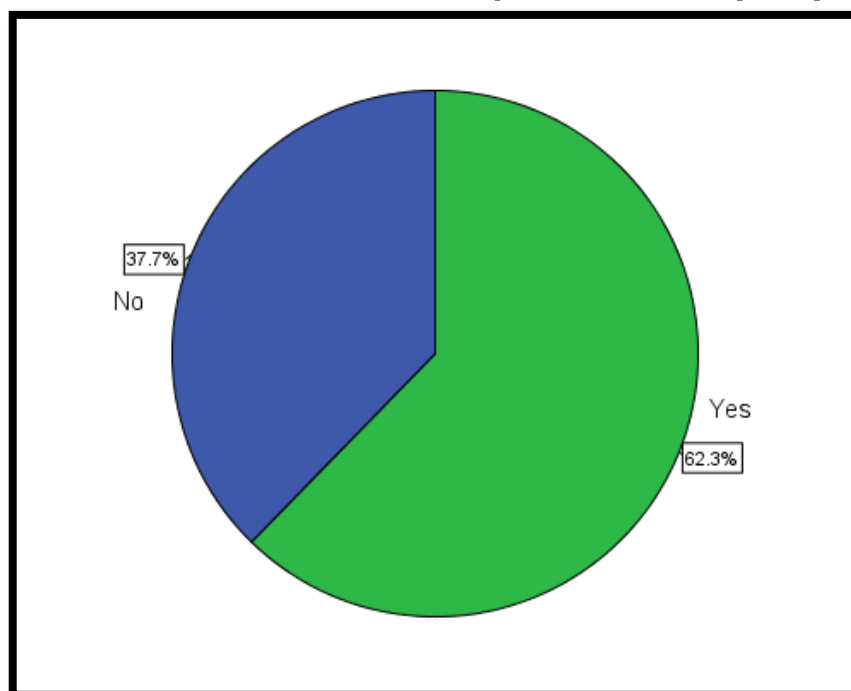
Respondents were asked if the EFMP covered all of their dependent's needs; of which nearly two-thirds (65.9 percent) reported that EFMP does cover all healthcare needs, while just over one-third (34.1 percent) answered that it did not (figure 4.8).

**Figure 4.8- Does EFMP cover all dependent's needs?**

Respondents=138

The potential for this to have a significant degrading effect on service member and family quality of life is clear, and may inhibit the retention of younger soldiers and encourage career soldiers to leave the military sooner than initially planned.

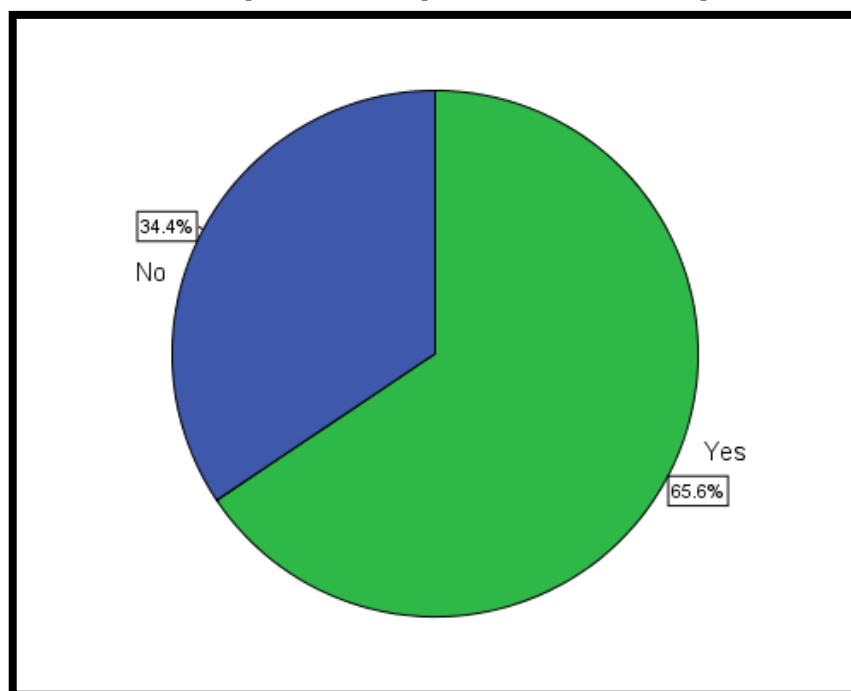
When asked about satisfaction with the processes to report problems with the EFMP, approximately one-third (37.7 percent) reported that they are not satisfied with the EFMP reporting processes, while nearly two-thirds (62.3 percent) answered that they were satisfied (Figure 4.9).

**Figure 4.9- Satisfaction with EFMP processes to report problems**

Respondents=130

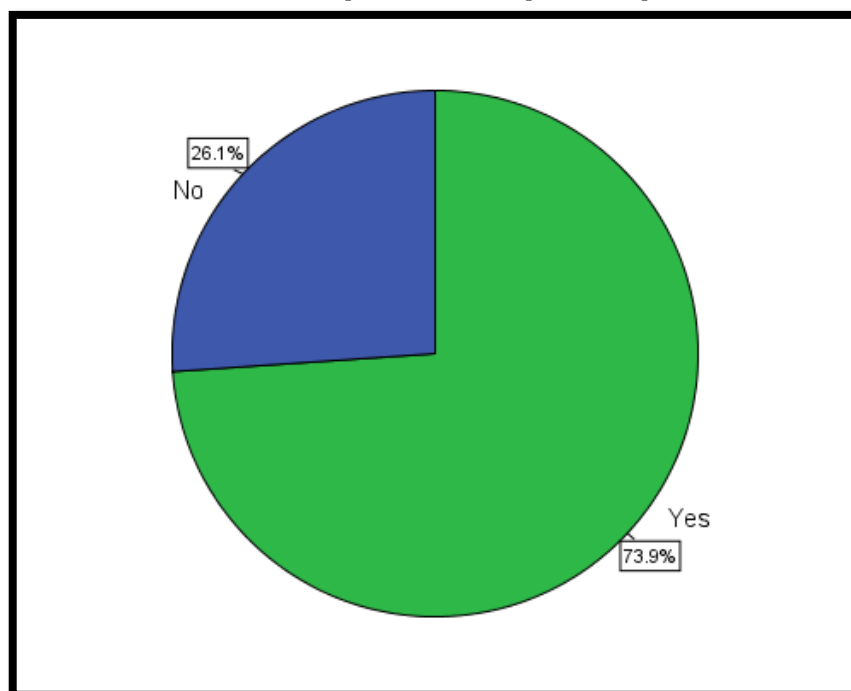
Perhaps not surprisingly, this finding is similar to whether the EFMP covers all dependent needs. Regardless, if there are real or perceived issues with reporting problems with the EFMP process, it can manifest a lack of confidence in the system and serve to depress service member views of overall healthcare and quality of life.

Respondents were queried if the EFMP had always been responsive to problems with dependent healthcare. Here again, approximately two thirds (65.6 percent) reported that EFMP had always been responsive to problems, while one third (34.4 percent) answered that it was not always responsive (Figure 4.10).

**Figure 4.10- Is EFMP responsive to problems with dependent healthcare?**

Respondents=125

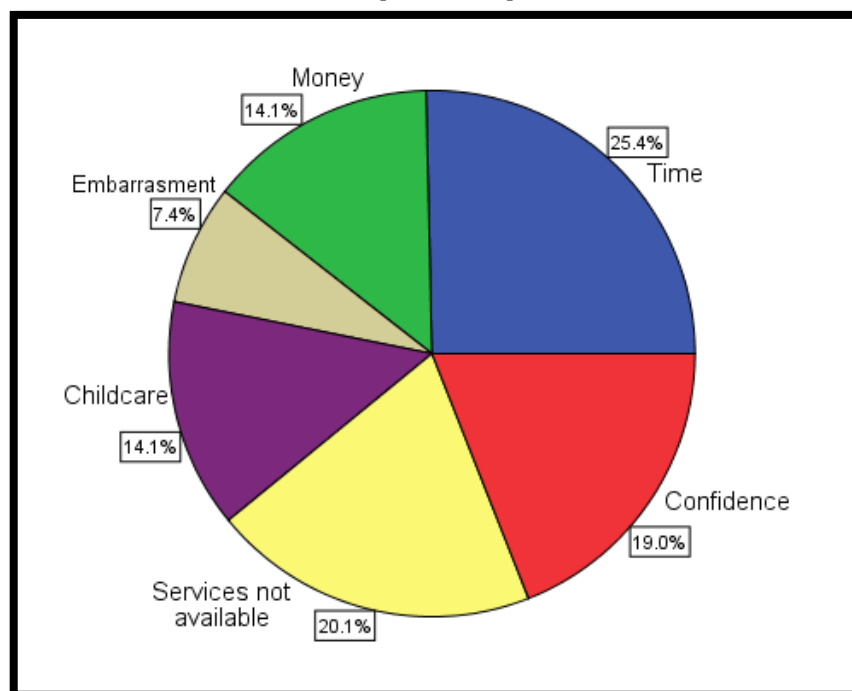
Respondents were asked whether the EFMP response to reported problems was enough to adequately fix those problems. Of the 92 who answered the follow up question, 73.9 percent reported that EFMP adequately responded to and fixed problems, while 26.1 percent answered that it did not (Figure 4.11).

**Figure 4.11- Was EFMP response to reported problems adequate?**

Respondents=92

Again, this demonstrates that while the majority are satisfied with complaint reporting procedures and efforts to remedy those complaints, there is a significant minority of more than 34 percent and 26 percent, respectively, who feel that the EFMP is inadequate in addressing issues with the military healthcare delivery system.

Respondents were then asked what, if anything, prevents dependents from seeking medical, educational or behavioral health help. Two hundred eighty-four respondents answered this question, where each individual was able to choose multiple responses, as applicable. (Figure 4.12).

**Figure 4.12- Factors that impede dependents from seeking help**

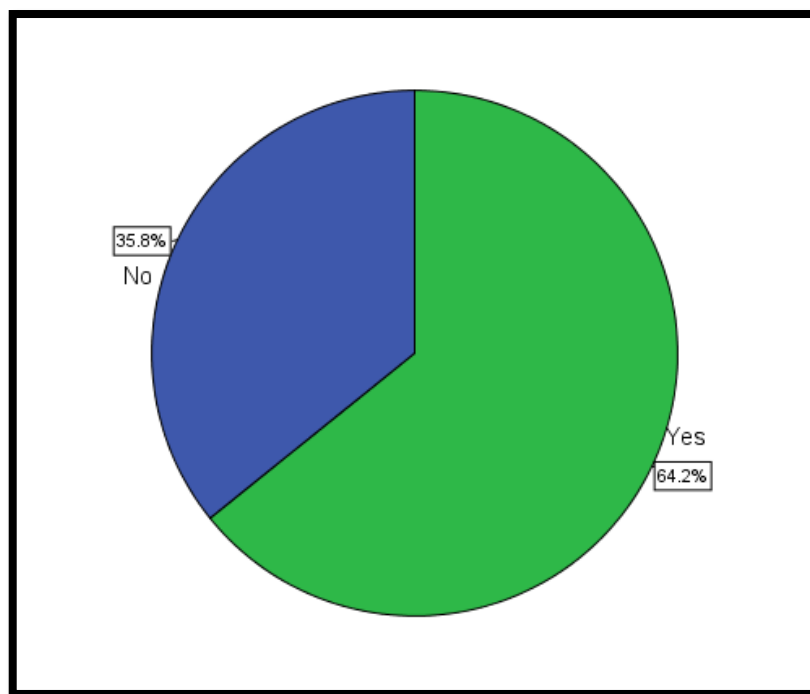
Respondents = 284

Therefore, there was a sizable group who answered that there are barriers to seeking help for their dependents. This is troubling, as one could reasonably infer that if there are obstacles to seeking help, or a belief that services are not worth their dependents' while, or that treatment is prohibitive in some way, then service members are potentially not obtaining the help that their dependents might require. Ultimately leading to a degradation in quality of life.

Asked if they felt there is adequate intervention when a dependent demonstrates issues with medical, educational or behavioral health, here again a significant minority, 35.8 percent of respondents, reported inadequate medical or professional intervention for their dependent's issues. When dealing with issues regarding family health and

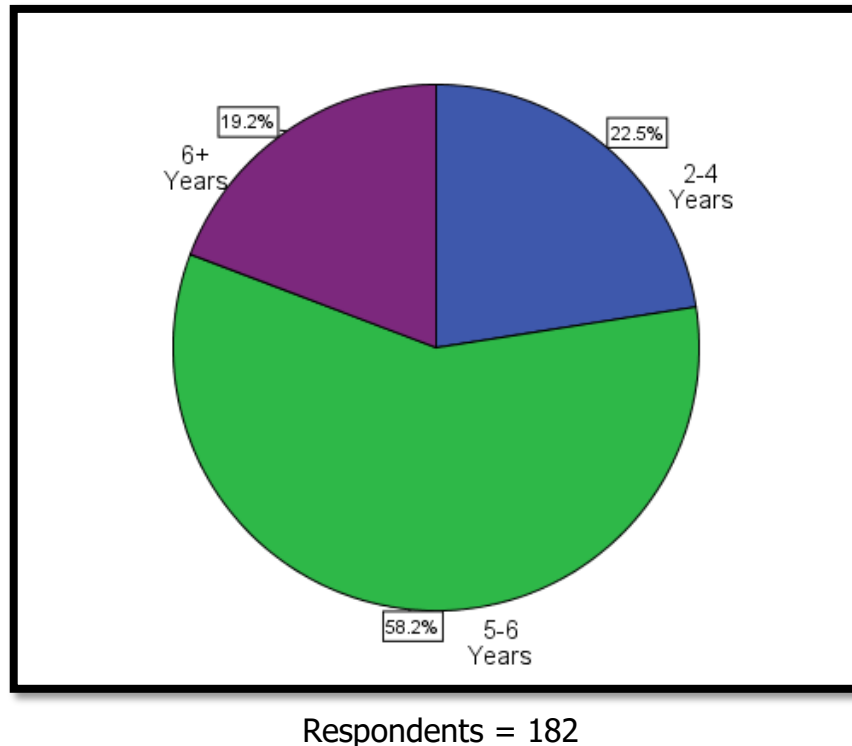
wellness, nearly 36 percent of respondents answering negatively is a troubling result and warrants further examination (Figure 4.13).

**Figure 4.13- Adequate medical intervention when a dependent demonstrates issues with medical, educational or behavioral health**



Respondents = 243

Finally, respondents were asked, under ideal conditions, how long did they think a tour of duty should be to improve their satisfaction with EFMP (Figure 4-14).

**Figure 4.14 – What is the ideal length of tours to improve EFMP services?**

A large majority of respondents (over 58 percent) answered that tours of duty should be 5-6 years, which is longer than the status quo of 2-4 years favored by 22.5 percent of respondents. Combined, those who felt that tours of duty should be extended, amounted to an overwhelming majority of 77.4 percent of respondents. This suggests that most respondents believe that longer tours of duty will enhance quality of life in matter related to the EFMP.

In summation, the majority of those answering the questionnaire report being satisfied with the EFMP, overall. However, the data demonstrates that there is a substantial minority of respondents who feel that the EFMP is a flawed program. While one may wish to summarily dismiss the minority opinions as not being a cause for concern, the researchers conclude that because of the profound impact that dependent



healthcare holds for overall quality of life for both service members and their dependents, Army leadership must consider studying EFMP shortfalls and implementing recommended improvements in order to facilitate the program's improvement.

## Chapter 5

### Social impact

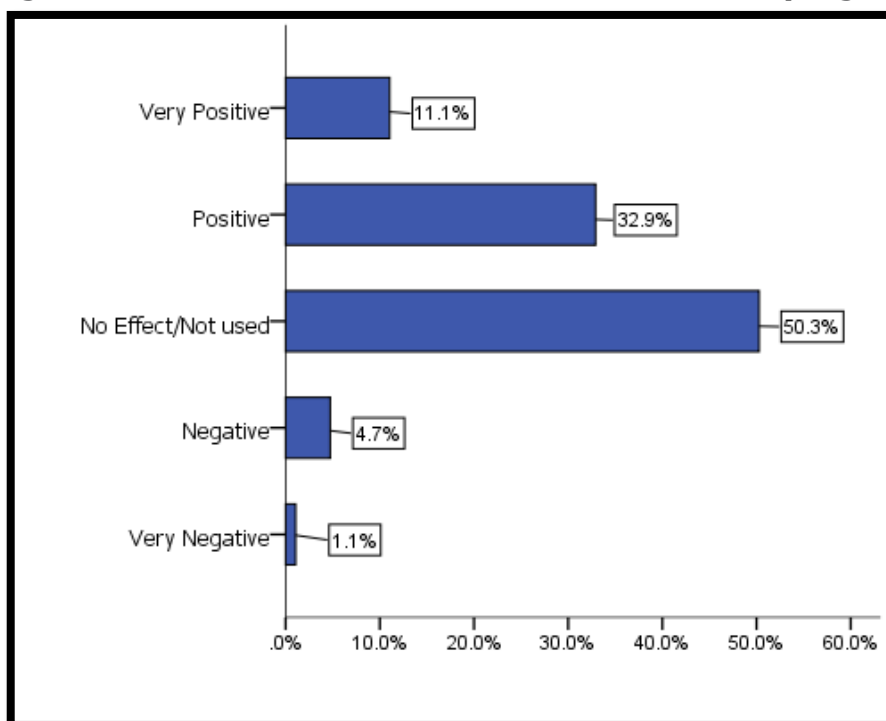
We evaluated how effective military formal support programs, e.g. relocation readiness, Army sponsorships, on-post housing, Moral Welfare and Recreational (MWR) facilities, military one source, employment readiness, and scholarship program, are in assisting dependents during PCS. Between 40 and 57 percent of respondents indicated that the programs had no effect or were not used during relocation. This could be due to the level of experience most of our respondents have with relocations, averaging over six moves during an average of almost 21 years in service (Table 5.1).

**Table 5.1 Years in service and number of moves**

	Number of Respondents	Mean
Years in Service	391	20.8
Number of PCS	392	6.3

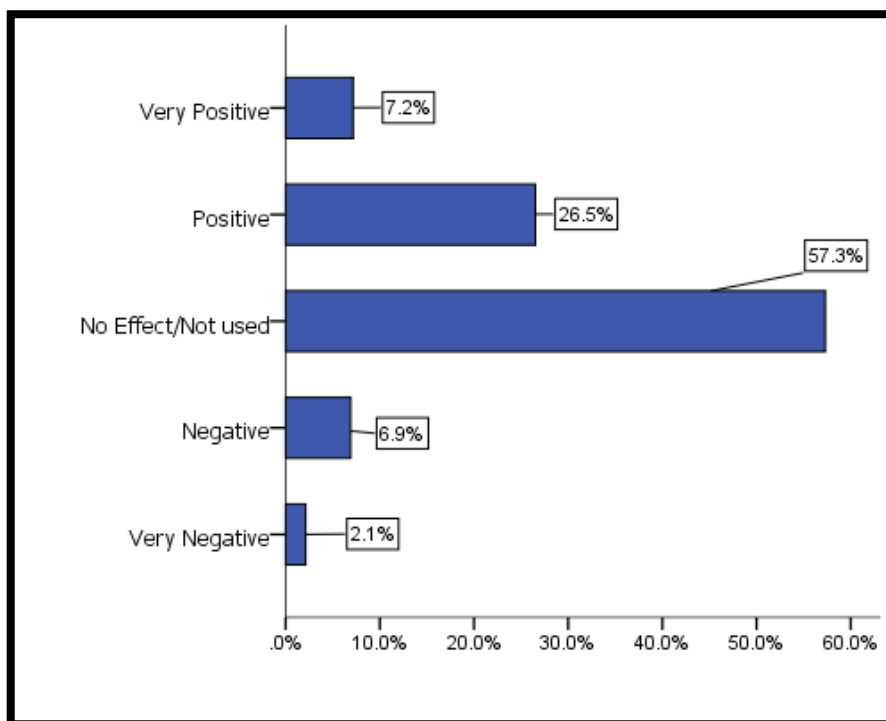
However, as shown in the graphs below (Figures 5.1, 5.2, 5.3, 5.4, and 5.5), out of the respondents that did use the programs, between 34 and 47 percent indicated that those programs had positively or very positively affected their dependents PCS experiences. The program with the most positive impact (47.2%) was the MWR facilities. Between 2 and 17 percent of the respondents had a negative or very negative experience with the programs. On-post housing had the highest negative impact (17.1%) and may require further research to better understand what aspects of the housing program are not working for the military families.

**Figure 5.1 - Effectiveness of relocation readiness program**



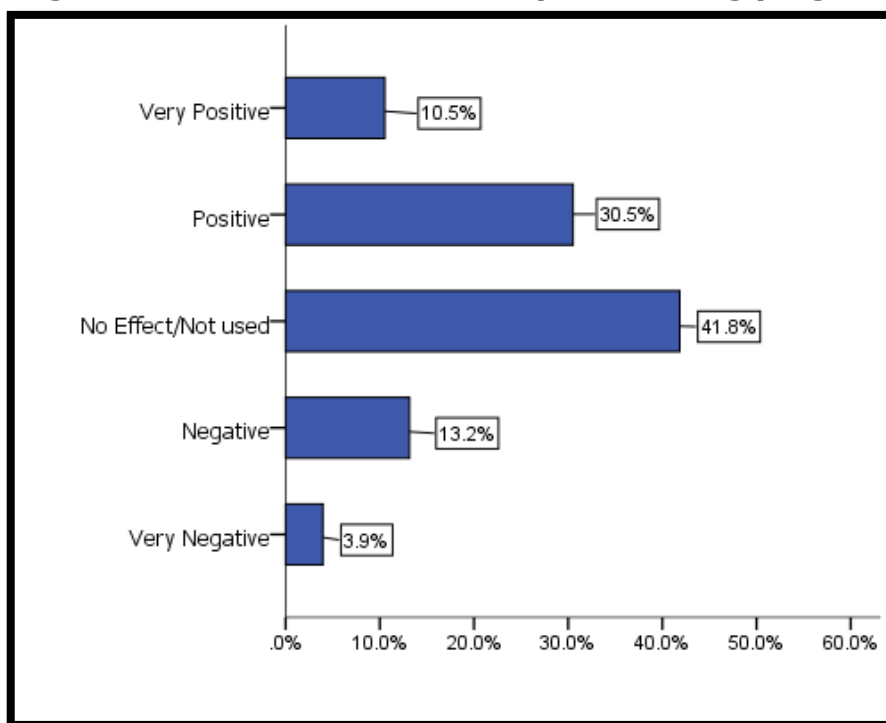
Respondents= 380

**Figure 5.2 - Effectiveness of Army sponsorship program**



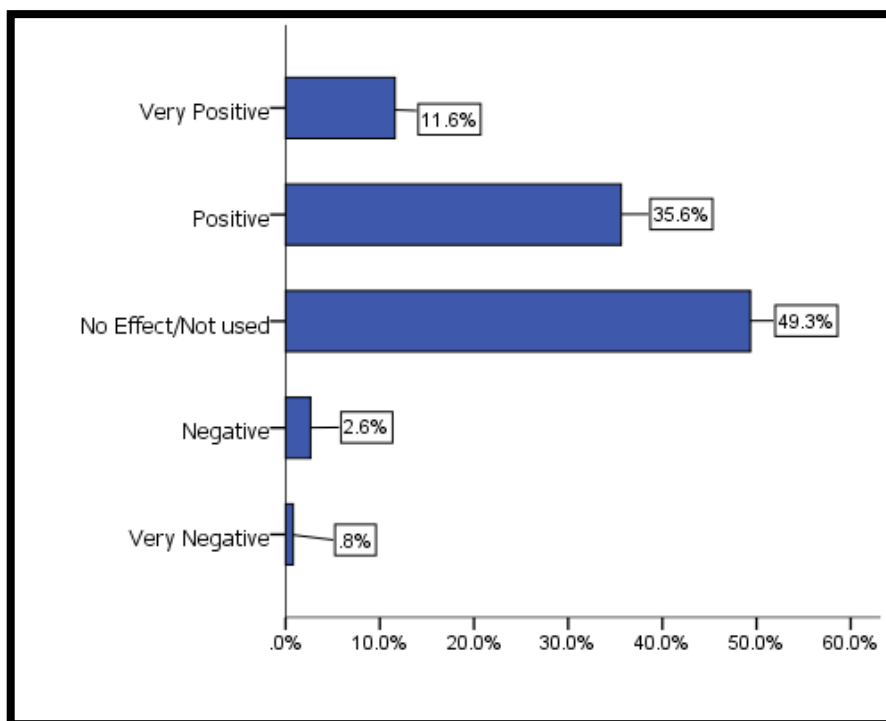
Respondents=379

**Figure 5.3 - Effectiveness of On-post Housing program**

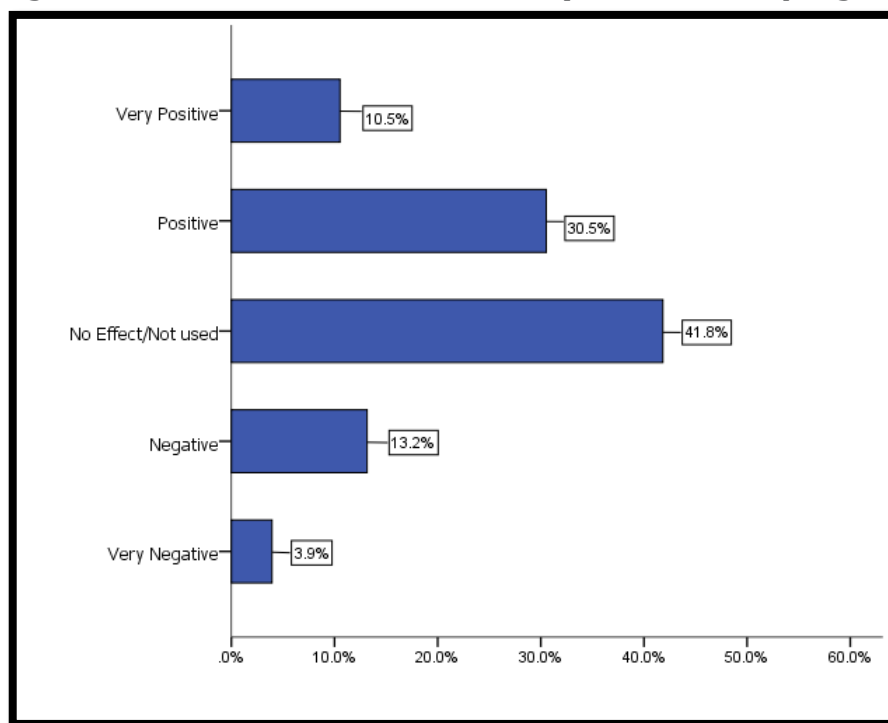


Respondents=377

**Figure 5.4 - Effectiveness of MWR Facilities**



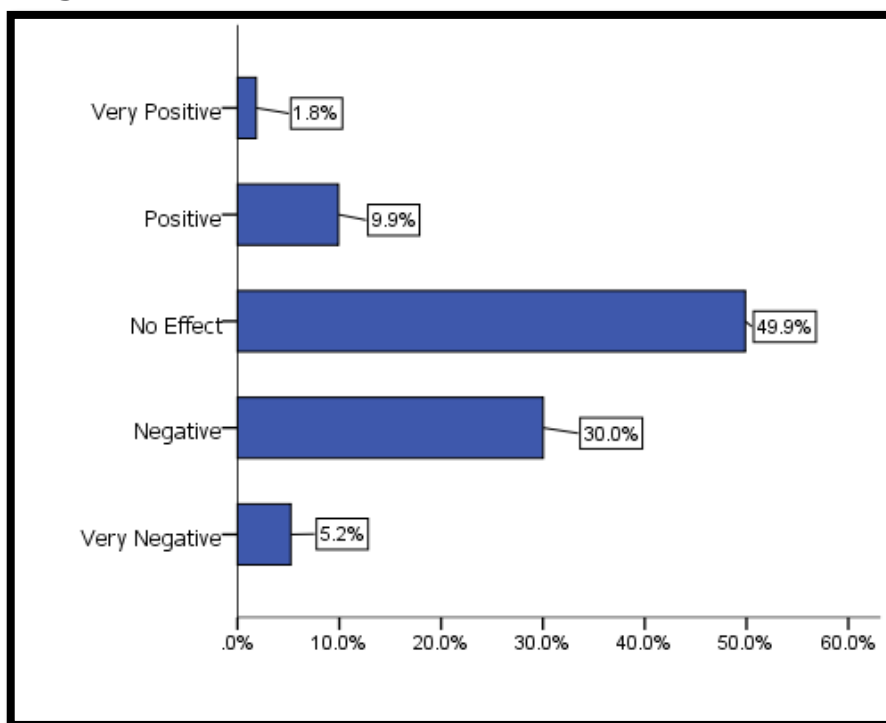
Respondents=379

**Figure 5.5 - Effectiveness of Military One Source program**

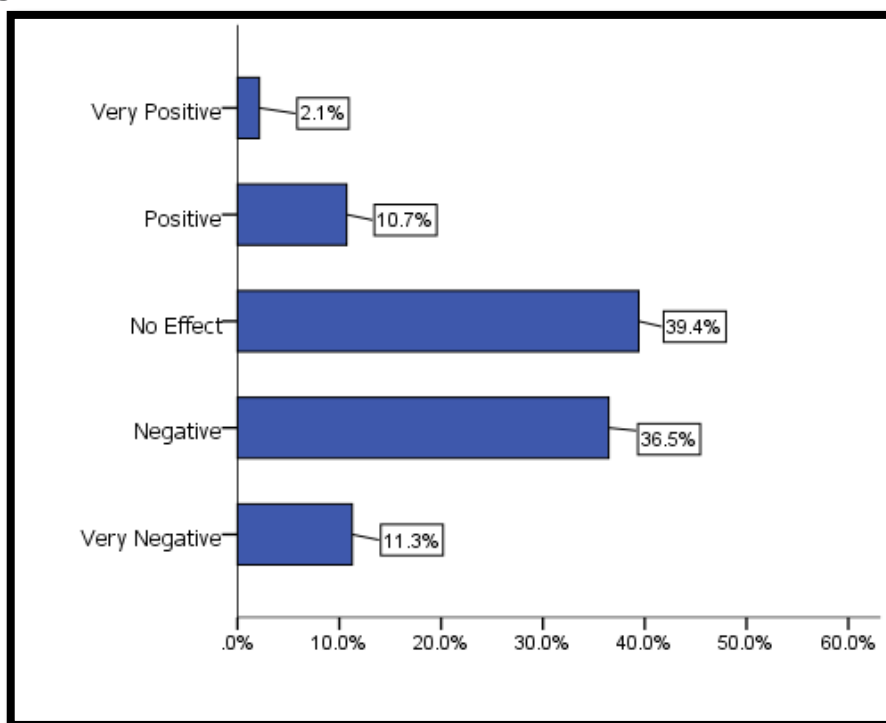
Respondents=378

Informal networks support, such as, extracurricular activities (35.2%) and social connections (47.8%) are negatively and very negatively affected by PCS (Figures 5.6 and 5.7). As mentioned before, both formal and informal support networks directly influence dependents' well-being and adaptation to a new community (Huebner et al., 2009).

**Figure 5.6 - Effect of PCS on extracurricular activities**



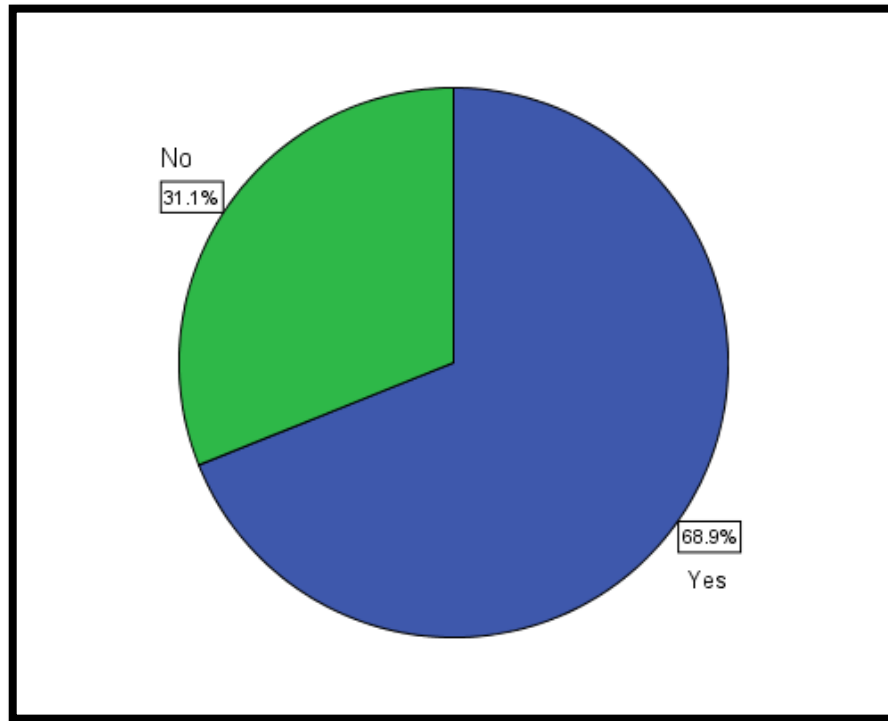
Respondents=371

**Figure 5.7 - Effect of PCS on social connections and activities**

Respondents=373

More than two-thirds of the respondents (68.9%) agreed that during their military careers they have seen improvement in the effectiveness of Army relocation programs and assistance to dependents during PCS (Figure 5.8).

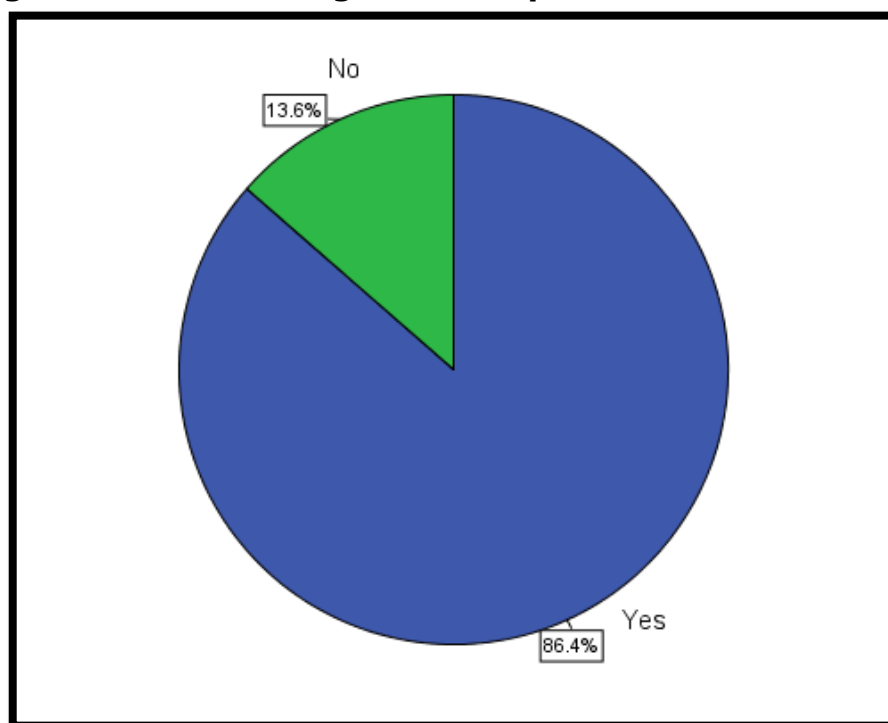
**Figure 5.8 - Improvement of military relocation programs**



Respondents=325

Over 80 percent of respondents felt longer tours of duty would positively impact their dependents' social connections, as displayed in Figure 5.9.



**Figure 5.9 - Would longer tours improve social connections?**

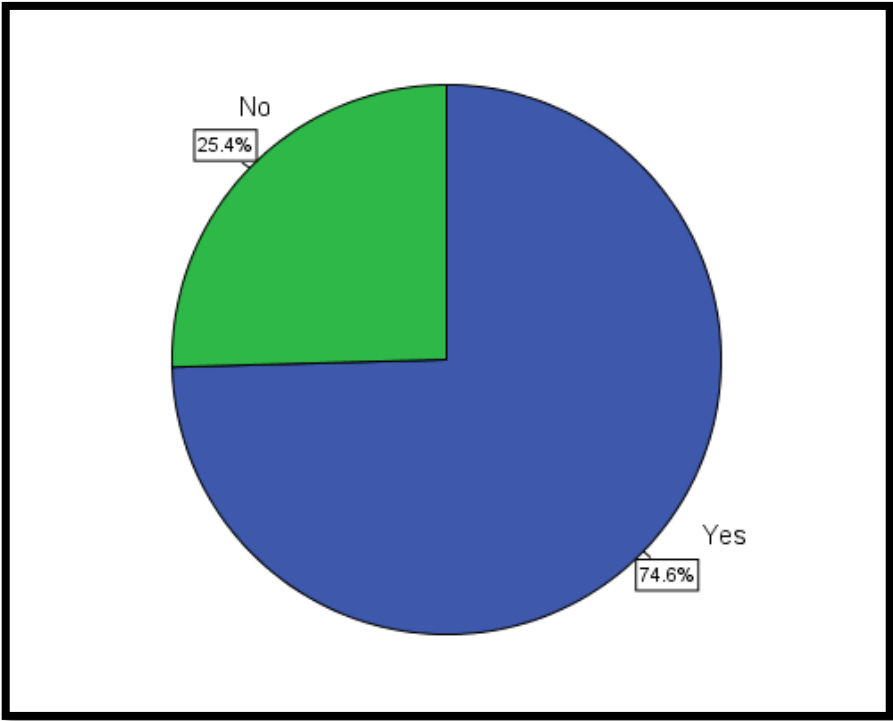
Respondents=361

These results show that even though respondents believe that military relocation programs have improved in assisting dependents, for the most part they are not being used. Nevertheless, an overwhelming majority of respondents expressed that being able to stay at one location for longer periods (longer tours) will improve dependents' social connections.

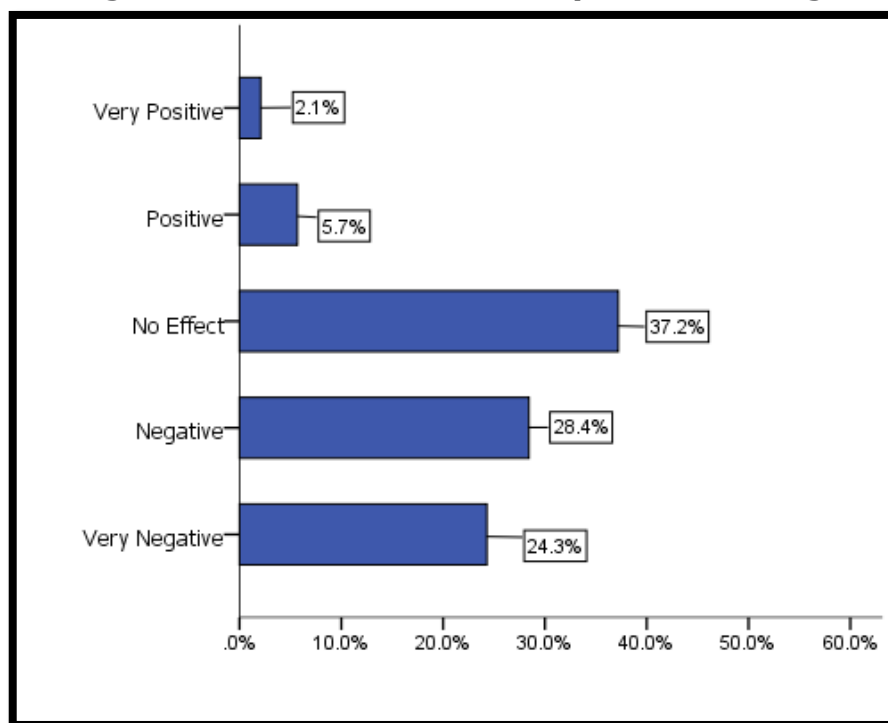
### **Financial Resources**

Economic concerns increase during PCS since most military spouses (74.6%) leave their jobs due to relocation (Figures 5.10). Figure 5.11 shows more than half of the respondents (52.7%) indicated that PCS had a very negative or negative effect on their spouse's earnings.

**Figure 5.10 - Spouse lost job due to PCS**



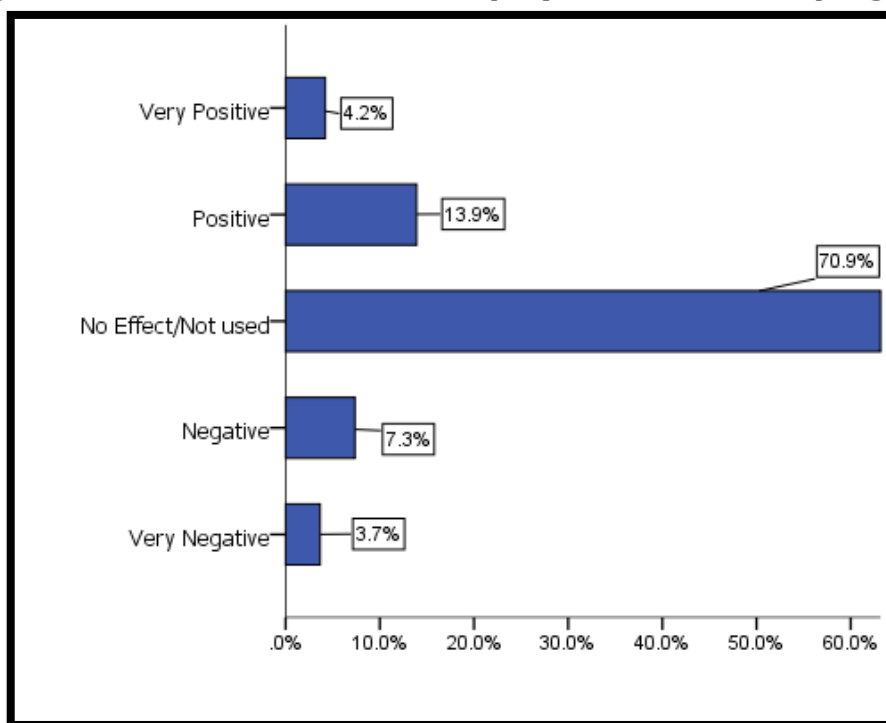
Respondents=342

**Figure 5.11 - Effect of PCS on spouse's earnings**

Respondents=378

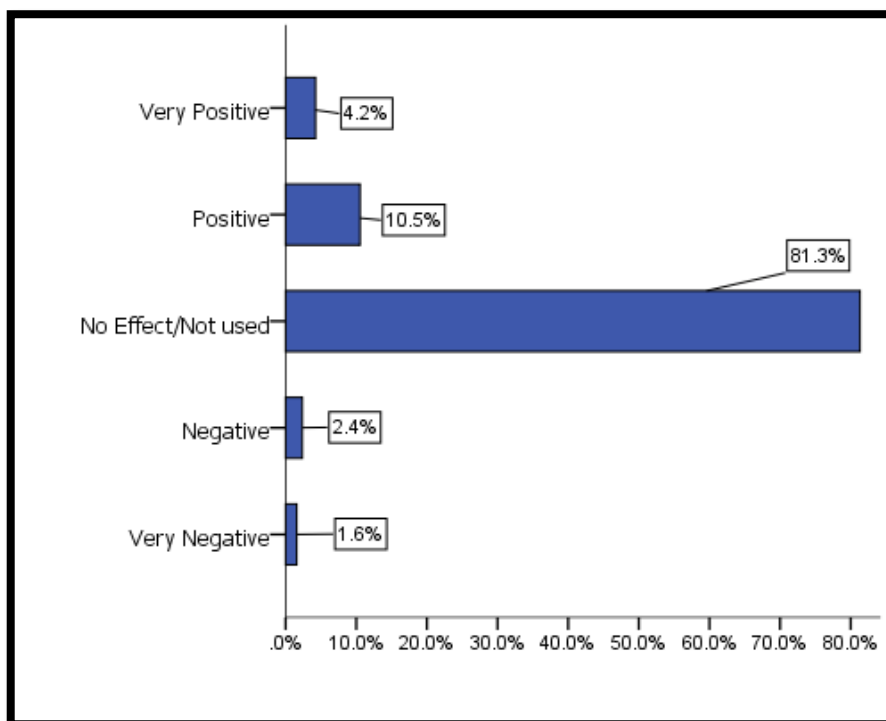
For military spouses, losing their jobs also involves losing part of their social network of friends and co-workers (Desrosiers, 2014). The reduction of income in the family may also limit their involvement in social activities (Hosek & MacDermid Wadsworth, 2013). The military has an Employment Readiness Program to assist spouses with job search, as well as My Career Advancement Account Scholarships (MYCAAS) to assist with obtaining higher education or certifications. However, most of the survey respondents (70.9% and 81.3% respectively) did not use or see no effect from the programs (Figures 5.12 and 5.13). Therefore, how beneficial the programs may be to military dependents is questionable.

**Figure 5.12 - Effectiveness of employment readiness program**



Respondents=381

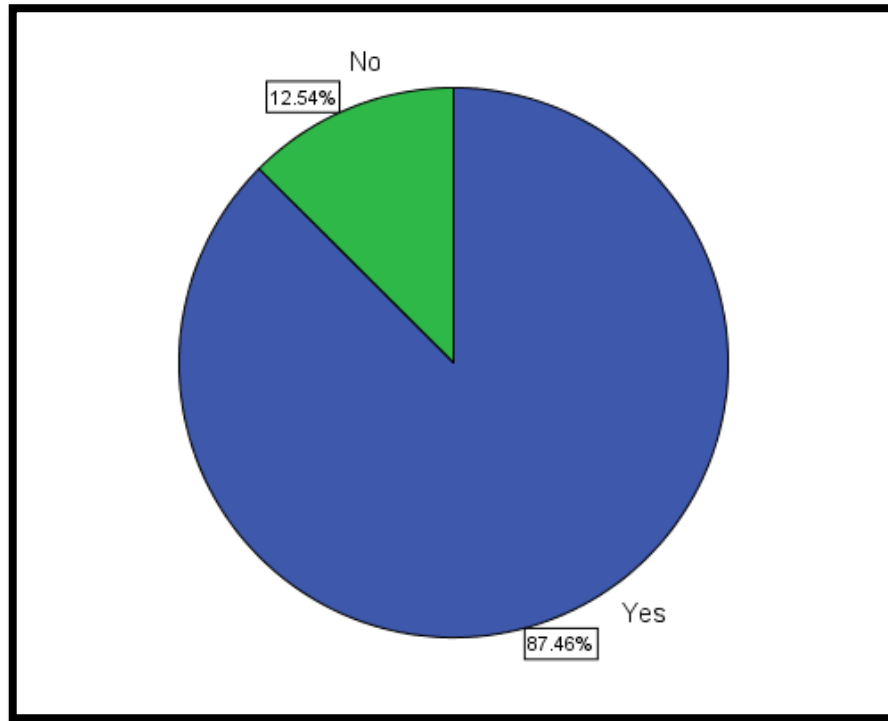
**Figure 5.13 - Effectiveness of MYCAAS**



Respondents=380

Approximately, 9 out of 10 (87.6%) respondents think that longer tours of duty will improve their dependents' employment opportunities as displayed in Figure 5.14.

**Figure 5.14 - Would longer tours improve spouses' employment opportunities?**



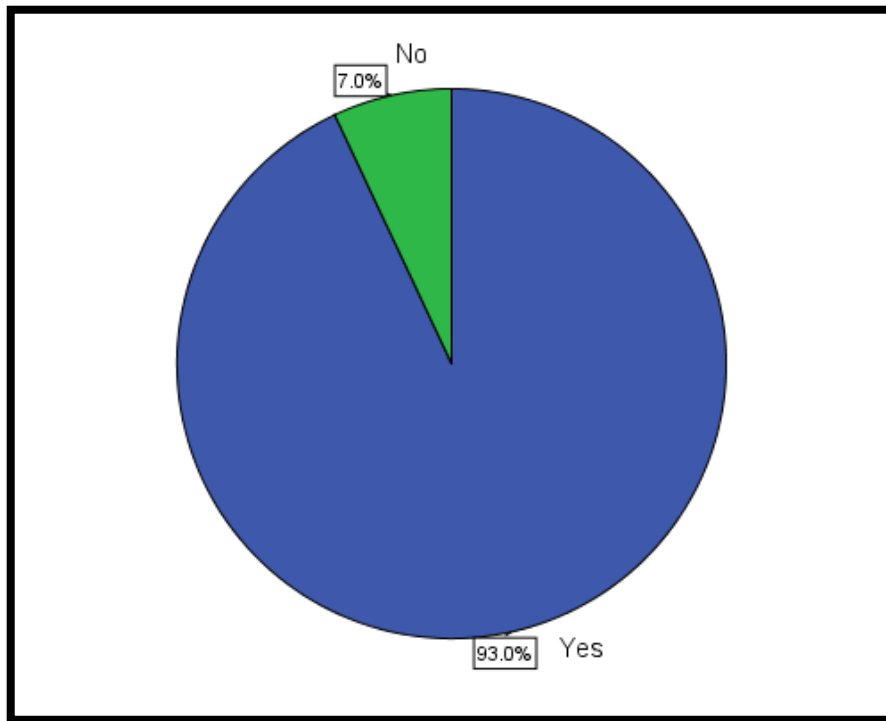
Respondents=351

Again, we observed that the majority of respondents believe that the negative effects PCS has on financial resources will be improved by longer tours.

**Age of children**

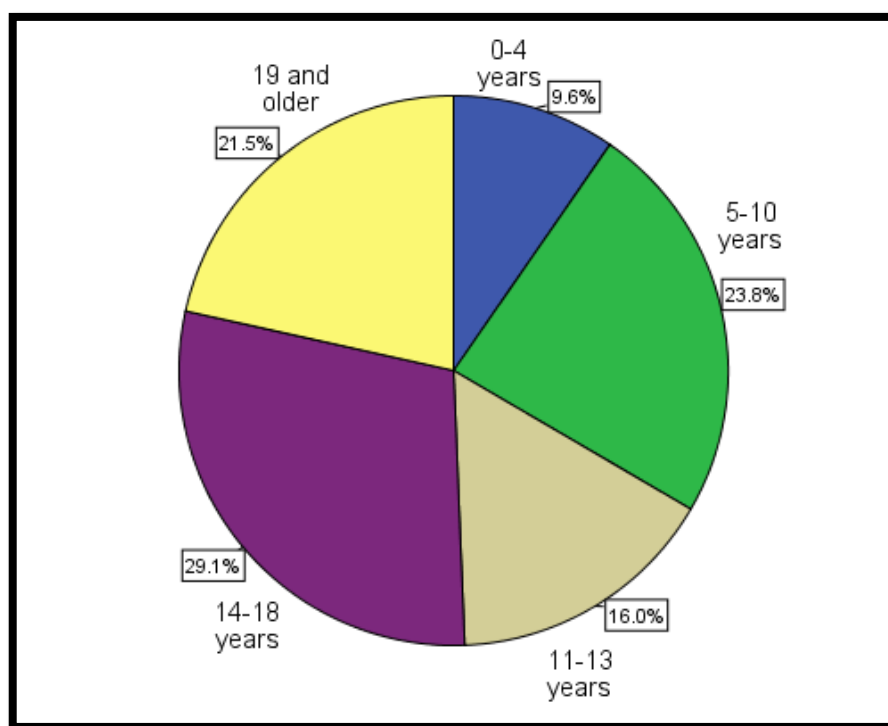
As displayed in Figure 5.15 below, 9 out of 10 (93%) respondents had dependent children.

**Figure 5.15 - Respondents with dependent children**



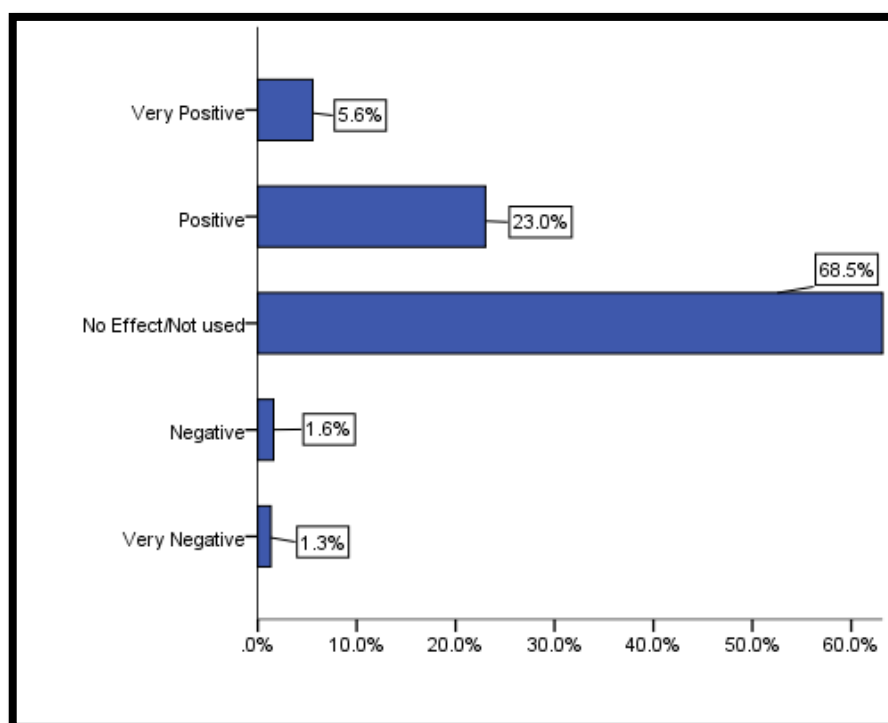
Respondents=386

Respondents had a total of 867 dependent children as shown in Figure 5.16, with the largest age group (29.1%) between 14-18 years old. The high propensity of teens may be due to the population at USASMA composed of senior enlisted personnel, with an average of 21 years of service. Teenagers tend to lose more of their social support with moves since they are more independent from their parents and invested in relationships with friends and peers (Pettit, 2000). With teens being the largest age group, there is potential for a larger loss of social capital after moves for those dependent children.

**Figure 5.16 - Dependent children age group**

Respondents=386

The military offers resilience training to dependents to help them deal with the stresses of the military life and other issues. Resilience, the ability to adapt positively to adversity, is a quality developed specially by military children as they cope with altered routines and added responsibilities due to moves (Easterbrooks et al., 2013). Of the 380 respondents, three in five (68.5%) as seen in Figure 5.17, said the program did not have an effect in assisting their dependents or did not use it. However, about 21.1 percent said the training provided positive or very positive effects on their PCS experience.

**Figure 5.17 - Effectiveness of family resilience training**

Respondents=380

Survey results show that when used, the military's formal support programs had an overall positive effect in assisting dependents during PCS. Respondents also expressed that they have seen an improvement in support programs during their military careers. These programs are essential because PCS has a major negative impact on informal social support of dependents.

PCS also greatly affects financial resources due to spouses losing their jobs after moves, resulting in a reduction of income, further affecting social activities for the family. The military developed programs that assist spouses with employment search and education/certifications opportunities. However, most of the respondents indicated no effect or no use of these programs. Positive impact, according to survey finds, was limited.

Over 85% of Servicemembers in the survey, indicated that they believe that longer tours of duty may improve their dependents' social connections and spouses' job opportunities.



## **Chapter 6**

### **Psychological Effects**

Figure 4.12 (Chapter 4) identifies barriers to seeking help for dependents. Of the respondents who sought assistance for dependents, there were multiple possible barriers to receiving assistance listed on the questionnaire. Of the respondents seeking behavioral health assistance, three reasons accounted for more than 60%: Time, services not available, and confidence in the program. Each of these barriers are problems often seen in relation to behavioral health. Alwine (2015) discussed how many of the problems associated with behavioral health are the difficulties in access to care and developing a comfort level with healthcare providers.

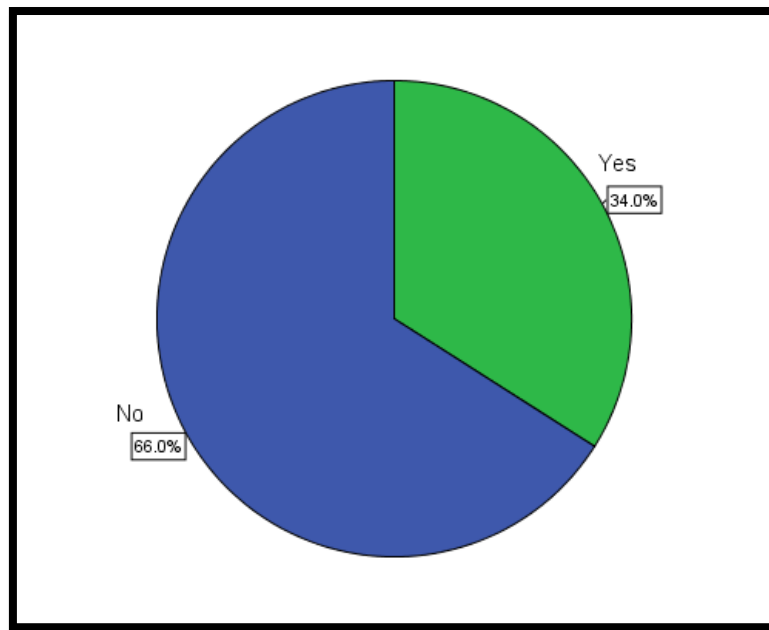
Figure 4.13 (Chapter 4) shows the respondents that displayed a need for behavioral health assistance for their dependents, and if they felt adequate intervention in place. On the surface, the 2:1 ratio of positive responses looks good due to military dependents feeling more positive than negative about the ability to access behavioral health when needed. However, the difference between those who felt there was adequate intervention and those that did not was not a significant difference.

As displayed in Figure 6.1, 66% of respondents had dependents who have received services from behavioral health. As seen in figure 6.2, two-thirds of these cases (64%) was for children. Figure 6.3 shows that of the respondents that have dependents that received services from behavioral health, the large majority reported receiving 0-4 years of care. Only 19.4% of respondents reported at least five years of care received from behavioral health services. The majority of services provided by

behavioral health are not viewed by dependents as a long-term solution. As previously reported, there are several factors, such as time and confidence in the program, which may have led to the majority of respondents reporting short-term duration of care.

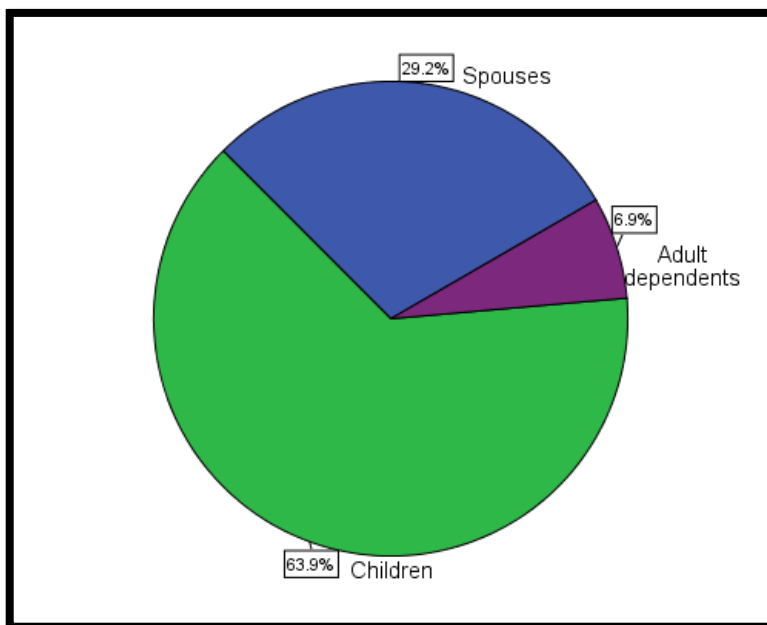
Additionally, respondents were asked if they felt PCS had a direct impact on the need for behavioral health services. The results of that question were evenly split, with 51% responding yes, and 49% responding as no.

**Figure 6.1 - Percent of dependents who received behavioral health services**



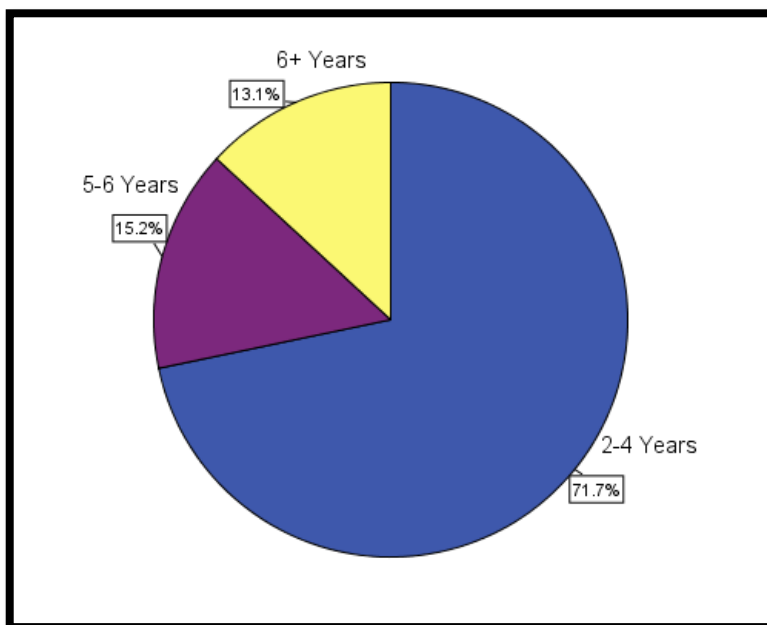
Respondents=297

**Figure 6.2 - Type of dependents that have received behavioral health services**



Respondents = 144

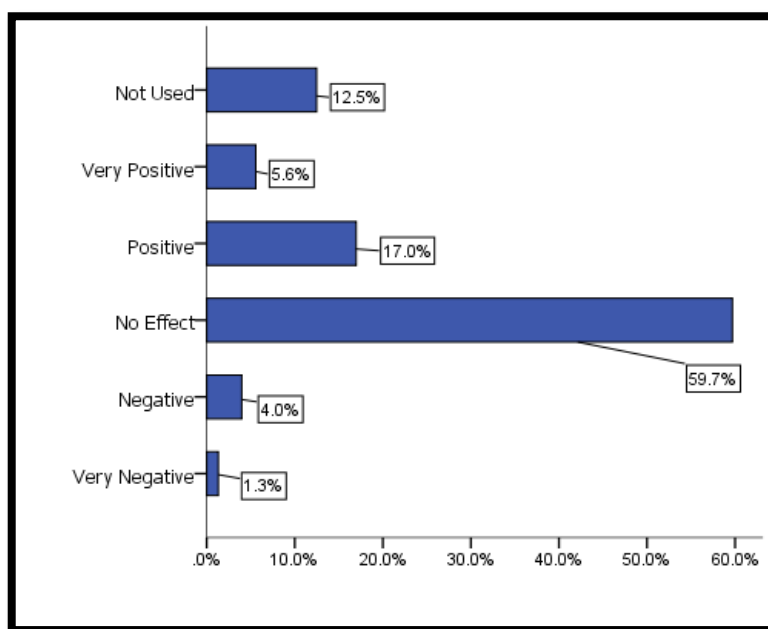
**Figure 6.3 - Number of years dependents received behavioral health services**



Respondents = 99

As seen in Figure 6.4, positive experiences with behavioral health services outweighed negative experiences by a relation of 4:1. For the most part, behavioral health programs are seen in a positive light, however, there is room for improvement.

**Figure 6.4 - How military dependents feel about behavioral health services**

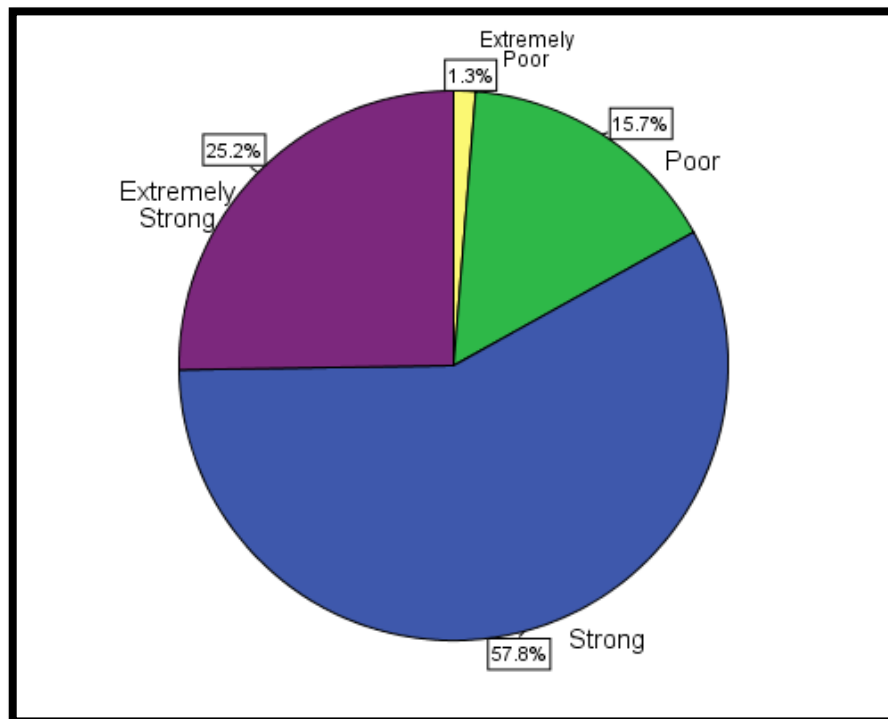


Respondents = 372

As displayed in Figure 5.9 (Chapter 5), four out of five respondents (82.1%) felt that longer tours of duty would positively impact their dependents in regard to social connections, while 12.9% of respondents felt that longer tours of duty would not impact their dependent's social connections. This outcome is in line with the research conducted by Wang, et al (2015) which discussed the importance of having internal and external family support networks such as friends, extended family members, and a sense of community in overcoming many of the stressors associated with the military lifestyle

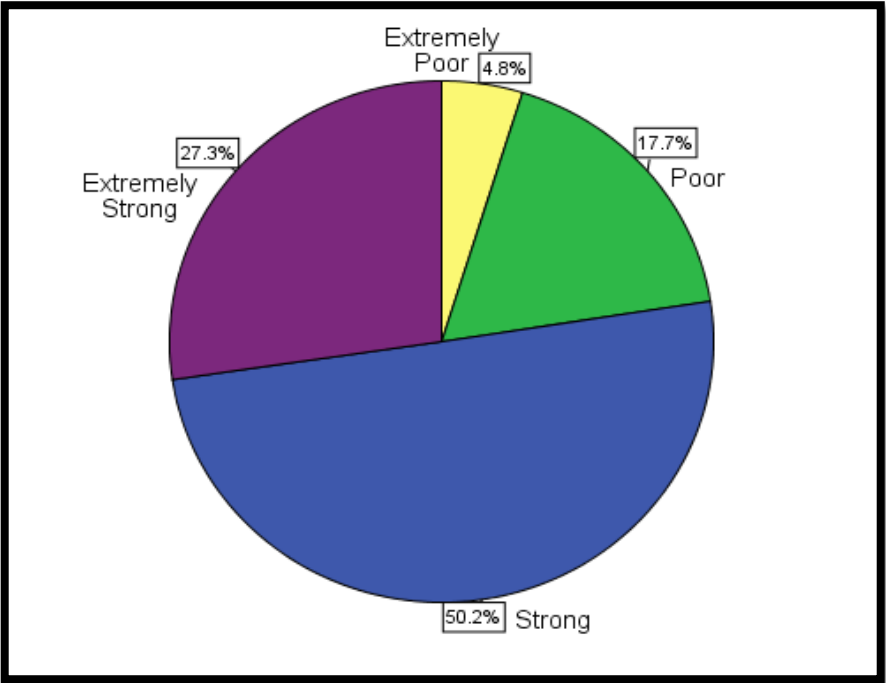
As displayed in Figure 6.5, respondents were asked how they felt about their family communication skills: extremely poor, poor, strong, or extremely strong. Four out of five (82%) of respondents overwhelmingly responded as having strong or extremely strong family communication skills. As Wilson (2010) stated, family communication skills is an excellent indicator for the overall well-being of both the individual as well as the family. Three out of four (77.5%) report that their family had strong or extremely strong external relationships, as shown in Figure 6.9. This result is not surprising and supported by McGuinness and McGuinness (2014) who stated many dependents develop defense mechanisms to avoid the pain of leaving by avoiding the development of relationships.

**Figure 6.5 - Rating of family communication skills**



Respondents = 313

**Figure 6.6 - Rating of external family support system**



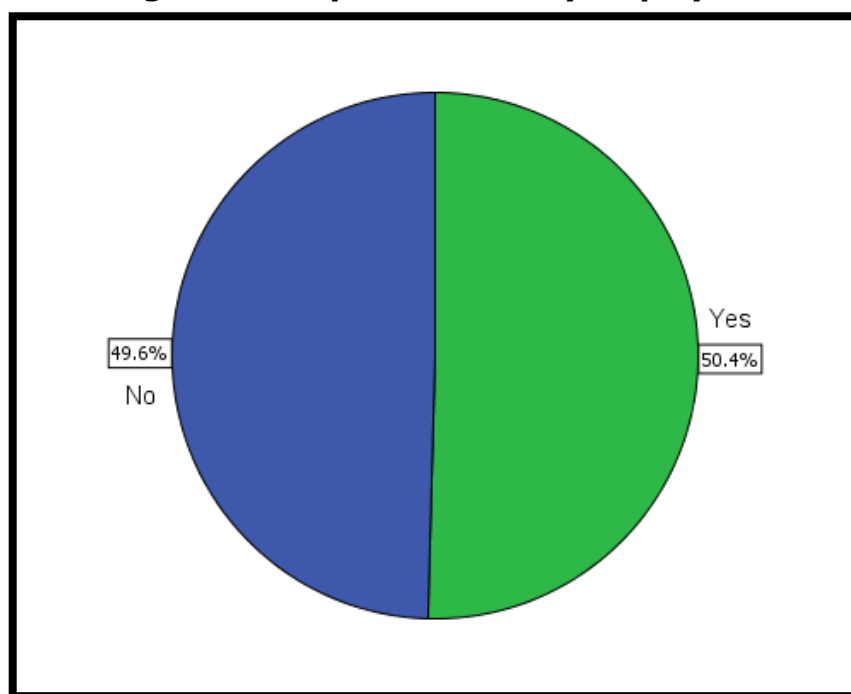
Respondents = 333

## Chapter 7

### PCS Effect on Dependent Employment

Spouses were evenly divided, with 176 spouses (50.4%) being employed, while 173 (49.6%) were unemployed as displayed in Figure 7.1.

**Figure 7.1 - Spouse currently employed?**

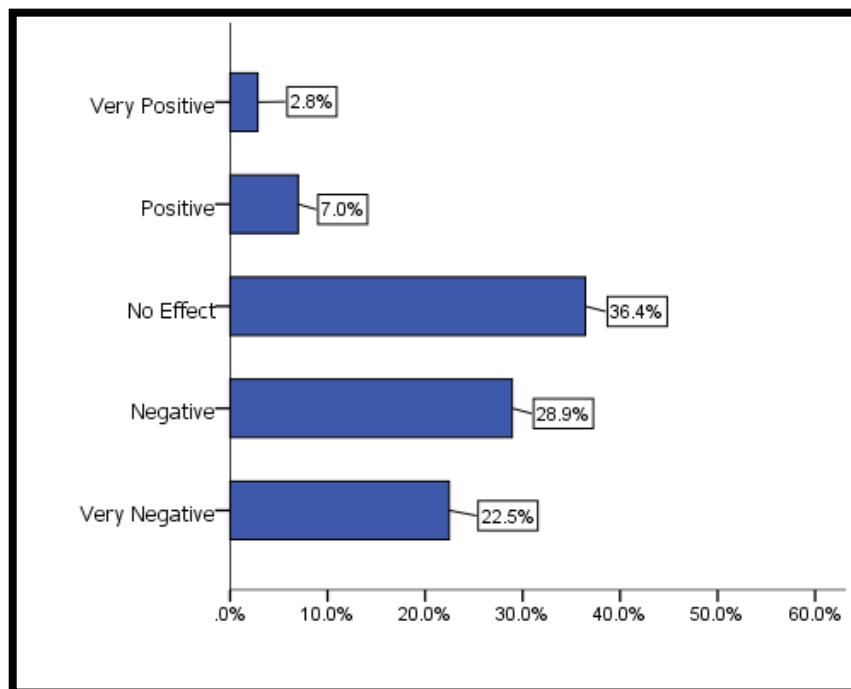


Respondents=349

With only approximately 50 percent of spouses employed, it can be concluded the several spouses find difficulty finding a job because of constant PCS. The percentage rate of spouses employed is 25 percent lower than a report from the Military Spouse Employment Partnership, which stated that 77 percent of military spouses need employment opportunities (Schwartz, 2012).

Respondents overwhelmingly replied that frequent PCS impacted spouses' abilities to get jobs with 50.4% negative versus 9.8% positive, with 36.4 reporting no effect (Figure 7.2).

**Figure 7.2 - Effect of PCS on spouses' opportunities to get a job**

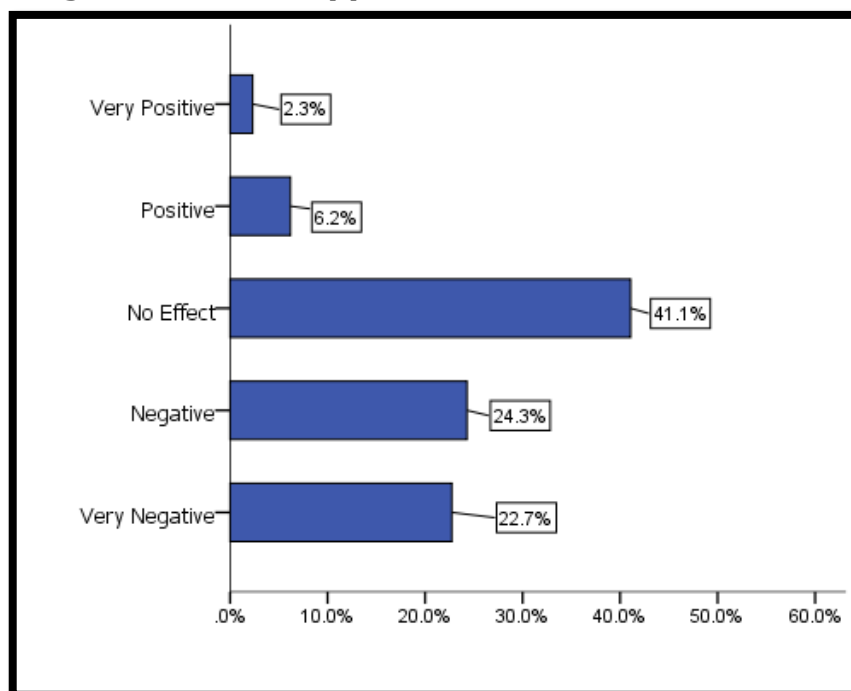


Respondents=378

Less and 1 in every 10 (9.8%) felt that PCS had a positive effect on their spouses' ability to receive employment.

Respondents were asked if their spouses had received job opportunities in certain career fields. The average respondent has approximately 20 years of military service so most spouses have lived in or around military installations for an extended period. Of the 374 respondents, 2.3% respondents had a very positive effect, 6.2% had a positive effect, 41.1% had no effect, 24.3% had a negative effect, and 22.7% had a very negative effect (Figure 7.3).



**Figure 7.3 - Job Opportunities in a Particular Field**

Respondents=374

By a ratio of almost six to one (47.0% to 8.5%), respondents reported more negative effects than positive effects. This statistic is almost identical to responses regarding opportunities to get a job. This indicates job opportunities are limited, but it is just as difficult to get a job in a particular field. Based on a 2010 Rand analysis, the military spouse unemployment rate is 12 percent, compared to 7.7 percent for comparable civilian spouses (Jowers, 2016).

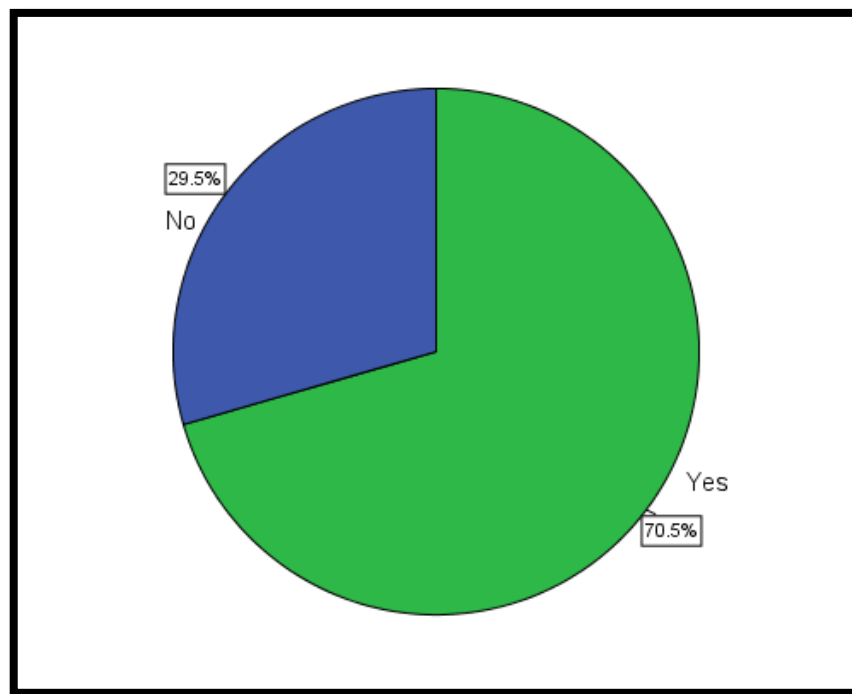
Military members are forced to move from one duty station to the next an average of every two to three years. Respondents were asked if their spouse ever had to leave a job because of a PCS. Of the 342 respondents, approximately three-fourths of spouses left a job due to a PCS as displayed in Figure 5.10 (Chapter 5).

A 2012 study from the Department of Defense stated that 54 percent of Soldiers were married and 44 percent had children (Department of Defense, 2012). Based on

that statistic, over half of the married service members have spouses who left a job because of a PCS.

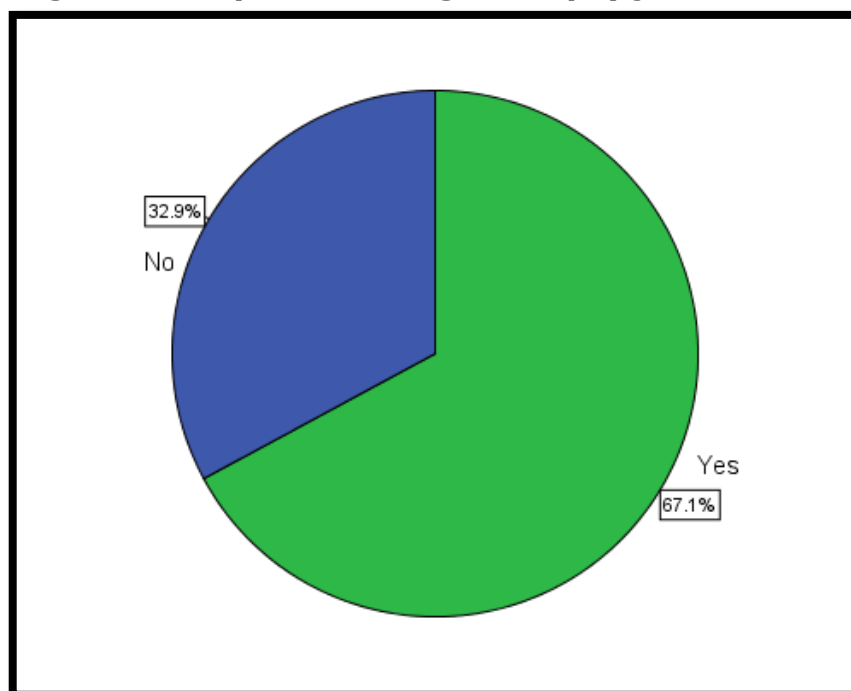
A total of 302 personnel responded to the query if their spouse had ever been considered underemployed, meaning they took a job below what their experience and education would merit. Almost three-quarters (70.5 %) of spouses are underemployed. This is a result of limited job opportunities at certain locations (Figure 7.4). Many of the professional jobs in and around military duty stations are already taken by local civilians and military retirees.

**Figure 7.4 - Underemployed**



Respondents=302

Figure 7.5 reflects the percentage of spouses who have taken a job with lower pay. Of the 292 respondents, 196 spouses had taken a job with lower pay and 96 had not.

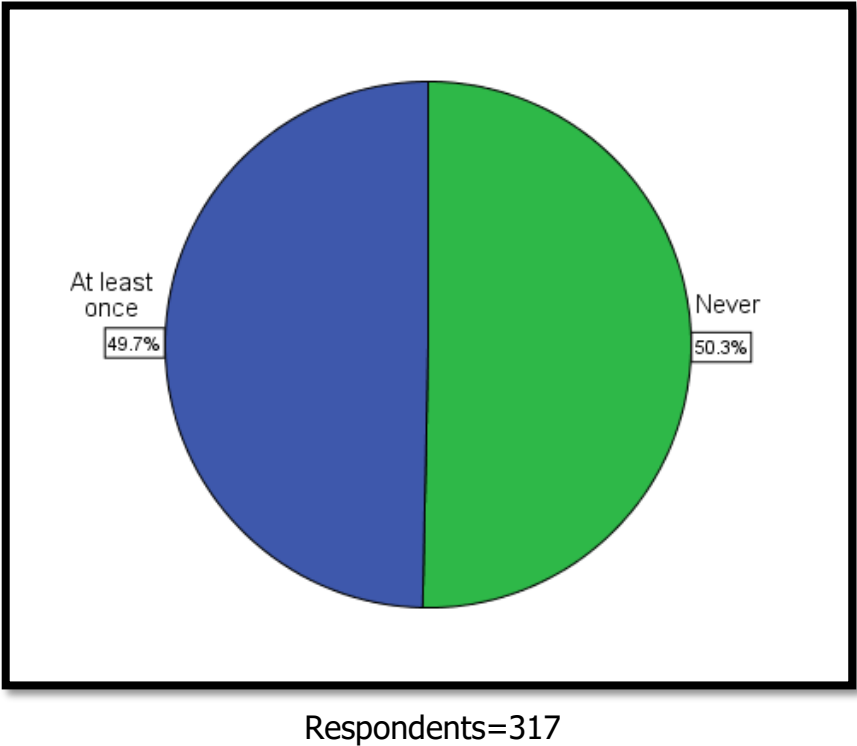
**Figure 7.5 - Spouses taking lower pay jobs after PCS**

Respondents=292

Two in three spouses have seen their pay suffer due to a PCS. When compared to their civilian counterparts, a higher proportion of military spouses are unemployed and work fewer hours (Hosek and Wodsworth, 2013). While working less hours, they often receive less pay.

Figure 7.6 reflects the percentage of students who have considered leaving the military for their spouses' employment. Fifty percent of respondents have considered separating from the military due to their spouse's employment. Many spouses have higher education degrees that make them qualified for several jobs they are not able to gain. A 2012 study showed that over 38 percent of military spouses have earned a Bachelor's degree and 32 percent have earned a Master's degree (Woodworth, 2015).

**Figure 7.6 - Considered separating from the military to improve spouse’s job opportunities**

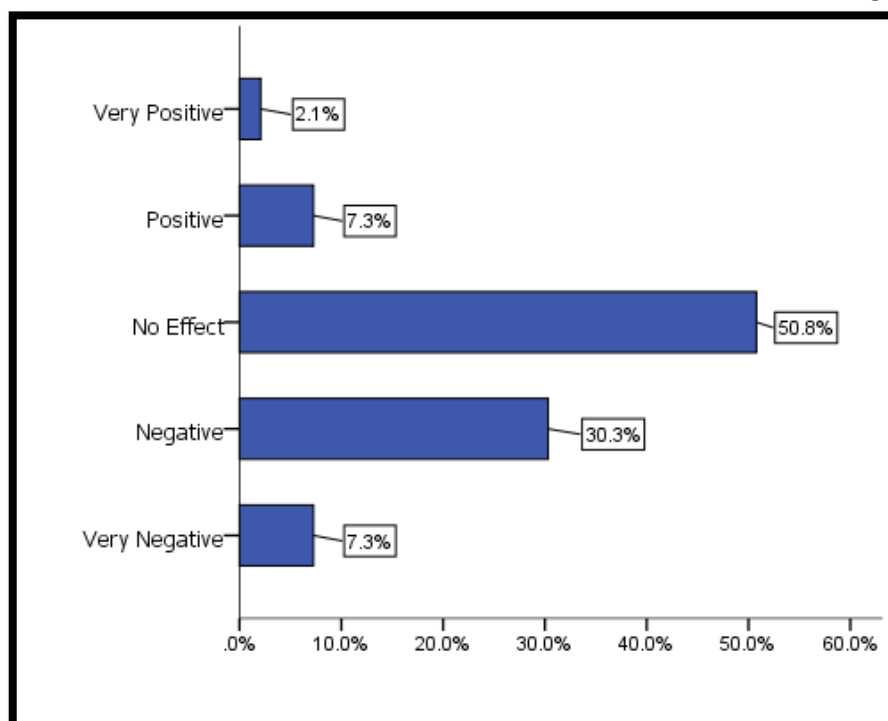


## Chapter 8

### Dependent Education

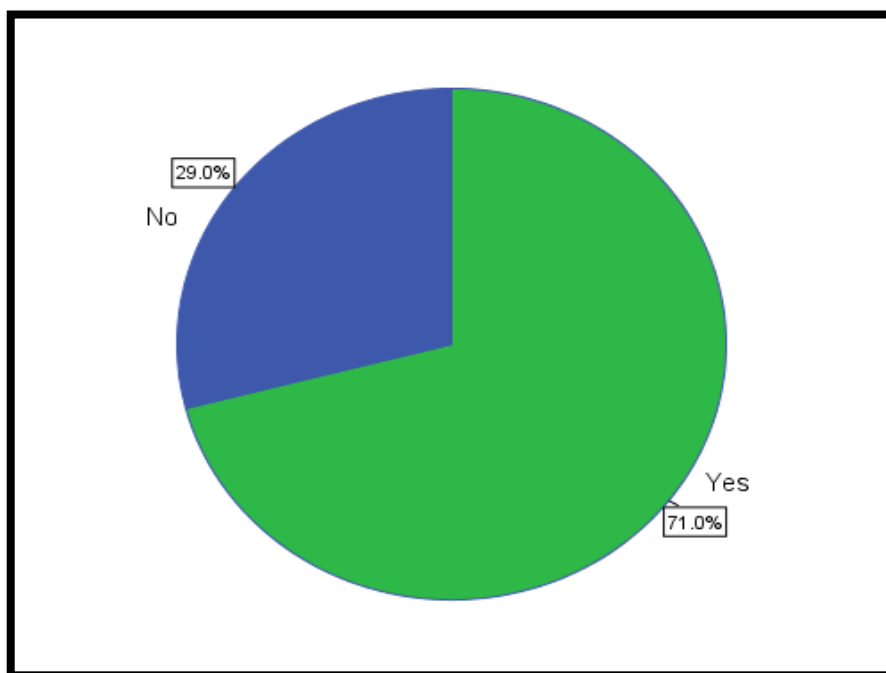
An estimated 80 percent of respondents indicated that PCSing had no effect on their children's educational development (Figure 8.1). A substantial number of respondents (71%) found that there was a significant difference in the overall quality of education after PCSing (Figure 8.2). Despite some of the challenges associated with the frequency of PCSing, almost two thirds (61%) of respondents have never considered separating from service in support of their significant other's education opportunities (Figure 8.3). However, more than a quarter of service members have considered separation from service.

**Figure 8.1 - Effect of PCS on children's educational development**



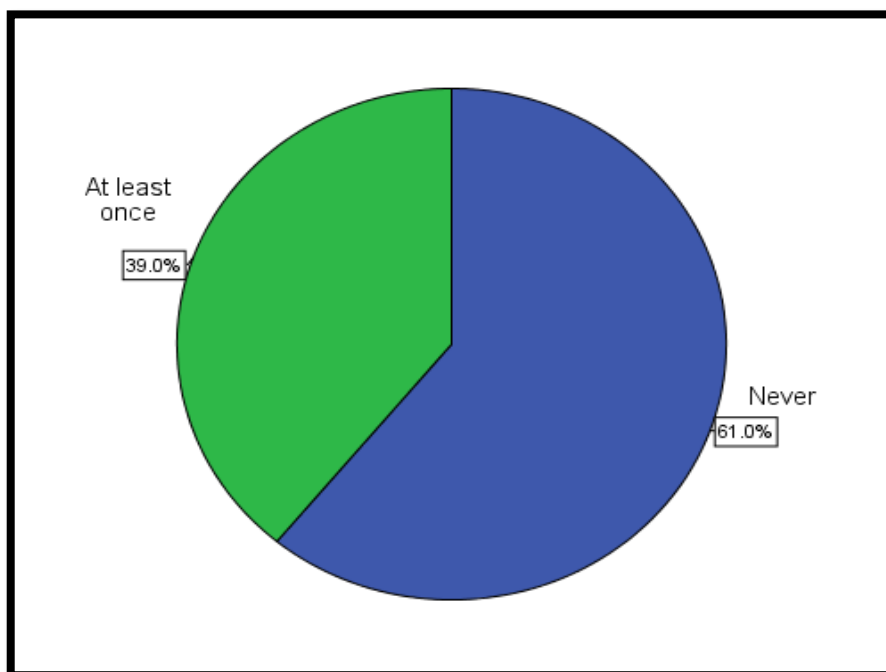
Respondents=377

**Figure 8.2 - Experienced significant difference in quality of education for your dependents after relocations**



Respondents=341

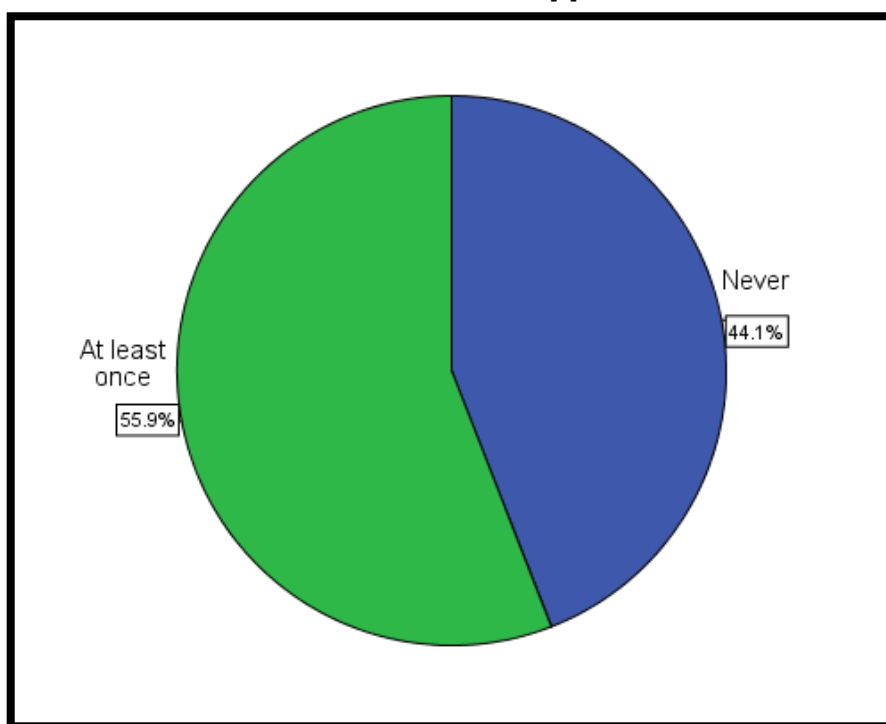
**Figure 8.3 - Considered separating from the military to support or improve spouse's educational opportunities**



Respondents=287

In contrast to their spouse's educational opportunities, 55.9% of respondents have considered separating from service at least once in their career so that their children could be afforded better educational opportunities (Figure 8.4).

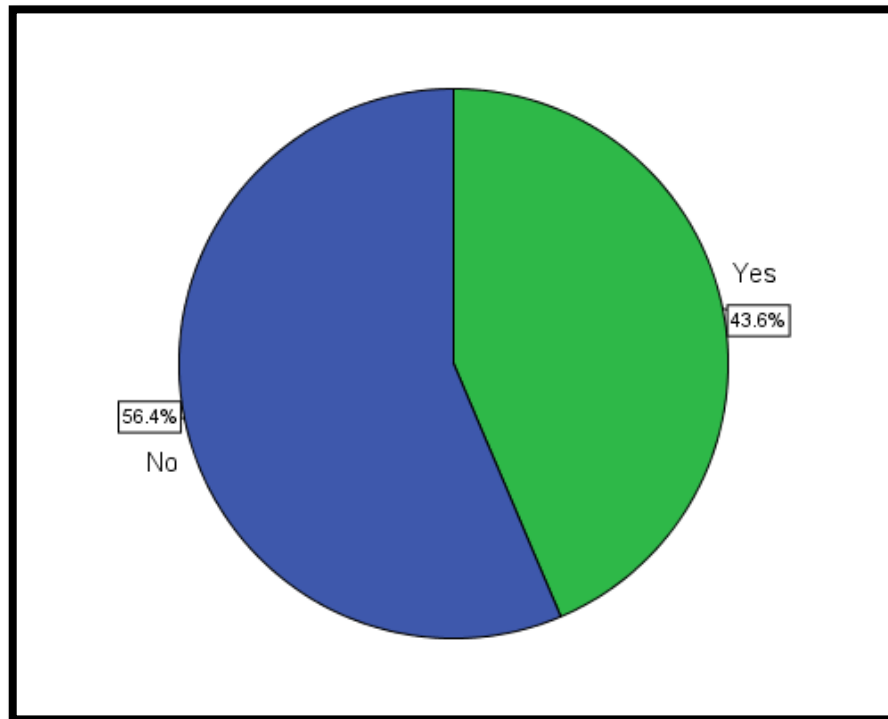
**Figure 8.4 - Considered separating from the military to support or improve children's educational opportunities**



Respondents=304

More than half of the respondents didn't feel it was necessary to PCS without family to improve their educational stability for dependents (Figure 8.5).

**Figure 8.5 - PCS without family to improve their educational stability**

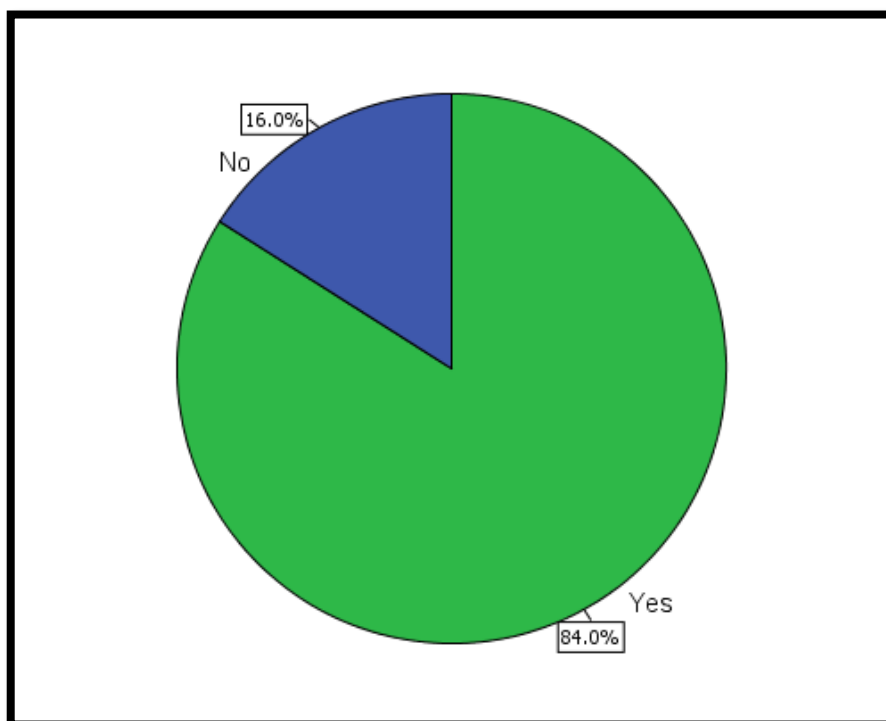


Respondents=337



More than 80 percent of respondents believe that longer tours of duty would enhance educational opportunities for dependents (Figure 8.6). This could be potentially linked to the fact that an average time on installation is approximately between 2-3 years.

**Figure 8.6 - Would longer tour of duties improve your dependents educational opportunities?**



Respondents=356

## **Summary**

### **Summary of Findings**

Military life is inherently stressful. Upon undertaking this study, the researchers were aware that frequent PCS places an unusual, and often onerous, burden on servicemember's families. Much of the available literature supports this notion. Because of this, it is the researchers hope that the following conclusions and recommendations might encourage Army stakeholders to address issues that may ameliorate some of the difficulty associated with PCS. In doing so, constructive measures can be put in place outside of regulations and standard operating procedures to ensure that families are afforded common sense solutions to problems that could positively impact military families' quality of life, thus enhancing Army readiness.

With regard to the EFMP, research indicated a polarized program, with near equal numbers of respondents reporting both satisfaction and dissatisfaction with the program. Moreover, 23 percent of respondents reported having to PCS without their family members because of concerns associated with their relocation's adverse effects on the healthcare outcomes of their dependents. Further, when asked questions such as "Does EFMP cover all your family's needs", "Are you satisfied with the ability to report problems with EFMP?", "Is EFMP responsive to problems with dependent healthcare?", and "Is there adequate medical intervention when a dependent demonstrates issues with medical, educational or behavioral health?" roughly one third of respondents answered negatively in each case. Therefore, there is a significant minority who feel that the EFMP is failing them. When considering the outsized

influence that healthcare has on dependent quality of life, this is a significant and potentially grievous cause for concern.

In response to questions regarding the social impact of PCS on dependents, many respondents were concerned with the negative outcomes associated with their dependents' social connections and informal social support such as extracurricular activities. Data from the survey demonstrated that formal military support programs did have a positive effect in assisting dependents during PCS, although the majority of respondents did not take advantage of these programs. More troubling, survey data indicated that the majority of respondents considered separating from the military on at least one occasion over the course of their career, in order to support or improve their dependent's social connections, education, and job opportunities.

Regarding psychological effects of PCS on military dependents, respondents who used behavioral health services were generally satisfied with the program. However, results showed a large group of dependents that were not pleased with the program for various reasons. The duration of behavioral health care received by dependents was less than four years, which was consistent with the literature, as the majority of care received in the military is dependent on situation. Moreover, social connections were reported as being positive for both internal family communication skills and external family support, such as extended family and friends. External support, while still positive overall, was not as positive as internal family communication skills, with four times as many respondents reporting extremely poor external family support systems compared to internal family communication skills.

Survey results demonstrated that PCS had an overwhelming negative effect on dependent employment, with less than 10 percent responding positively when prompted. Respondents indicated that PCS negatively affected dependents' opportunities to get a job or maintain a career. The survey also showed that almost three-fourths of respondents had to leave a job because of a PCS, with a similar amount taking jobs at lower pay, responsibility or prestige. Additionally, almost 50 percent of respondents stated they considered leaving the military so that their spouse could have better career opportunities.

Finally, in response to dependent education, survey data demonstrated that PCS hinders the educational opportunities of dependents due to a lack of stability and routine. It was also determined that the frequency of PCS has a corollary impact on dependents' educational growth, development, and overall opportunities. More positively, questionnaire data indicated that taking advantage of education programs offered by the Department of Defense propagated the advancement dependents and their educational goals.

## **Recommendations**

## **Recommendations**

After careful consideration of all collected data, and review of the associated literature, the researchers offer the following seven recommendations requiring Army action:

- Recommendation 1: The standard time on station for PCS from two to three years to five to six years' time on station. Data collected from multiple questions and literature indicated that respondents considered this the ideal amount of time to ensure the best overall quality of life.
- Recommendation 2: Further research be conducted in the areas of this study, but with a different target sample, more reflective of the Army as a whole. To help determine how servicemembers with less time in service and incidents of PCS perceive the effect of frequent military moves on their dependents' quality of life.
- Recommendation 3: Every servicemember with dependents enrolled in the EFMP must receive individualized, periodic interviews to assess program satisfaction and determine root causes for dissatisfaction and complaints. Best practices garnered from this feedback should be implemented as expeditiously as possible.

- Recommendation 4: The Army must actively advertise and encourage dependents to take full advantage of the numerous formal support programs such as, relocation readiness, Army sponsorships, on-post housing, Moral, Welfare and Recreational (MWR) facilities, Military One Source, employment readiness, scholarship programs, and family resilience training that the Army has created to assist dependents in managing the social effects of military mobility on dependents.
- Recommendation 5: The Army must consider an increase in the availability of behavioral health providers for dependents who need assistance, and continuously assess providers to ensure dependents are receiving the best care possible. Additionally, as a matter of preventative care, an increase in effective internal family communication skills can reduce reliance on behavioral health specialists. An increase in classes provided by military reception programs, such as Army Community Service, could assist in contributing to better internal communication skills and additionally provide external family support.
- Recommendation 6: The Department of the Army considers allowing Soldiers to stay at duty stations for longer periods of time. This would improve military dependent employment rates and would balance employment statistics between military dependents and other civilians.



- Recommendation 7: School staff, along with dependents can take an active role in providing information needed to support dependents during transitions. This begins with curriculum transparency, which can assist military dependents enrolling in schools to understand what is expected of them, as well as allowing educational staff to identify those students who will PCS during the course of a school-year. Further, servicemembers can encourage and assist their dependents in seeking educational goals that are attainable and will provide a wide range of opportunities for dependents.

## **Appendices**

## Appendix A: Questionnaire



### Dependent's Quality of Life Survey

We are conducting this survey as part of our Master of Public Administration capstone project at the University of Texas at El Paso. The data collected will help us assess if frequent military moves have a negative effect in your dependents' quality of life. Your participation in this survey is greatly appreciated.

#### Instructions:

- **The survey should take around 15 minutes to complete. All questions are optional, you can stop at any time. However, your complete and candid answers will help us better understand the subject.**
- **Participation in this survey is voluntary and completely anonymous, please do not write your name on this survey to ensure confidentiality.**
- **Unless otherwise specified answer questions for yourself and your dependents, and within the context of your entire career in the military.**

1) What is your branch of service? (circle one)

Active Army

Navy

Air Force

Marines

Army National Guard

Army Reserve

Coast Guard

International Students

2) How long have you been in the military? Number of years \_\_\_\_\_

3) Are you: (circle one)

Married

Geo-Bachelor

Divorce/Single with dependents

Divorced/Single without dependents

4) How many times have you Permanently Changed Station (PCS) with dependents during your military career? Number of times \_\_\_\_\_

5) What is the highest level of education that your spouse has completed? (circle one)

Completed some high school

High school graduate

Less than 2-year of college

Associate degree

Bachelor's degree

Completed some postgraduate

Master's Degree

Advanced Graduate Work/Ph.D.

N/A

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

6) Is your spouse currently employed? (circle one)

Yes

No

N/A

7) Do you have dependent children? (circle one)

Yes

No

8) If yes, how many children do you have within each age group?

Age	Number of Children
0-4	
5-10	
11-13	
14-18	
19 and older	

9) Do you have one or more dependents enrolled in the Exceptional Family Member Programs (EFMP)? (circle one)

Yes

No

N/A

If yes, how many \_\_\_\_\_

10) Do you have one or more dependents who requires an Individualized Education Program (IEP)? (circle one)

Yes

No

N/A

If yes, how many \_\_\_\_\_

11) During your military career, to what degree have frequent PCS affected your dependents in each of the following areas:

	Very Negative	Negative	No effect	Positive	Very Positive
Medical services using TRICARE					
EFMP Services					
Continuity of care for dependents enrolled in EFMP					
Continuity of care for those with an IEP					
Opportunities for adults to enroll in school					
Transfer of school credits earned					
Honor programs achieved					
Complete school					
Opportunities to get a job					
Opportunities to get a job in her/his field					
Have a career					
Job credentials and certifications					
Spouse's earnings					
Children's educational development					

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

<b>Extracurricular Activities</b>					
<b>Social connections/Social activities</b>					
<b>Sports activities</b>					
<b>Other (please specify)</b>					

12) Please tell us to what degree do you think each of the following services offered by the military have assisted your dependents and you with relocation:

	Extremely Negative	Negative	No effect	Positive	Extremely Positive	Did not use it
Army Community Services (ACS) – Relocation Readiness program						
Morale, Welfare, and Recreation (MWR) Facilities						
Army Sponsorship programs						
On-Post Housing						
Military One Source						
My Career Advancement Account Scholarships (MYCAAS)						
Behavioral health services						
Employment Readiness program						
Resilience Training						
Family resilience center						
Army Family Action Plan (AFAP)						
Other (please specify)						

13) During your military career, have you seen the military improve in providing effective programs and assistance to your dependents and you during PCS? (circle one)

Yes                      No                      No changes

14) Has your spouse left a job due to a PCS? (circle one)

Yes	No	N/A
-----	----	-----

If yes, how many times \_\_\_\_\_

15) At your last location, how long did it take your spouse to get a job?  
 Month(s) \_\_\_\_\_ Did not get a job \_\_\_\_\_ N/A \_\_\_\_\_

16) Has your spouse ever been underemployed due to a PCS? (taken a lower position job to stay employed)

Yes	No	N/A
-----	----	-----

If yes, how many times \_\_\_\_\_

17) Has your spouse taken a job with lower pay due to a PCS? (circle one)

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

Yes No N/A  
If yes, how many times \_\_\_\_\_

18) Have you experienced a large difference in quality of education for your dependents after relocations?

Yes No N/A  
If yes, how many times \_\_\_\_\_

19) During your career in the military, have you ever considered separating from the military to support or improve the following:

	N/A	Never	1-time	2-times	3-times	4 or more times
<b>Spouse's education</b>						
<b>Spouse's job opportunities</b>						
<b>Improve you children's education</b>						
<b>Other (please specify)</b>						

20) Have you ever chosen to PCS without your family due to any of the factors below?

	Yes	No	N/A
<b>Dependents' job stability</b>			
<b>Dependents' educational stability</b>			
<b>Dependents' health care issues</b>			
<b>External family support</b>			
<b>Other (please specify)</b>			

If you answer yes to any of the factors above, how long in total were you apart from your family due to PCS?

\_\_\_\_\_ years or \_\_\_\_\_ months

21) Do you think longer tour of duties will positively impact your dependent in the following areas?

	Yes	No	N/A
<b>Social connections</b>			
<b>Educational opportunities</b>			
<b>Employment opportunities</b>			

If you answer yes to any of the factors above, chose how long: (circle one)

2-4 years 5-6 years Longer than 6 years

USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

22) Do you feel that EFMP covers all your dependent's needs? (circle one)

Yes No N/A

23) Are you satisfied with processes to report problems with EFMP? (circle one)

Yes No N/A

24) Has EFMP always been responsive to problems with your dependent's healthcare? (circle one)

Yes No N/A

25) If yes, did the response adequately fix the problem? (circle one)

Yes No N/A

26) What, if anything, prevents your dependents from seeking medical, educational or behavioral health help? (Circle all that apply)

Time Money Embarrassment  
Childcare Service not available Confidence in programs  
N/A

27) Do you feel there is adequate intervention when a dependent demonstrates issues with medical, educational or behavioral health? (circle one)

Yes No N/A

28) In a few words, what are your impressions about the current EFMP process?

29) Do you have any suggestions on how to improve the EFMP?

30) Ideally, how long do you think a tour of duty should be to improve your satisfaction with EFMP? (circle one)

2-4 years 5-6 years Longer than 6 years N/A

31) Have any military dependents within your household received Behavioral Health services? (circle one)

Yes No N/A

32) Over how long of a period have military dependents received care from Behavioral Health? (circle one)

2-4 years 5-6 years Longer than 6 years N/A

33) Please list number of dependents within your household that are receiving or received Behavioral Health services:

N/A      Spouse \_\_\_\_      Children \_\_\_\_      Adult Dependent(s) \_\_\_\_

34) Do you feel PCS has affected the need of your dependents for Behavioral Health services? (circle one)

Yes

No

N/A

35) In the context of your household, how would you rate the following:

	Extremely Poor	Poor	Strong	Extremely Strong
<b>Family communication skills</b>				
<b>External family support systems, such as extended family and friends</b>				

Thank you for taking the time to complete this survey! It is greatly appreciated!



## Appendix B: Statistical Analysis

Q1. What is your branch of service?

		Branch of Service			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	Active Army	392	100.0	100.0	100.0

Q2. How long have you been in the military?

		Years			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	14	1	.3	.3	.3
	16	6	1.5	1.5	1.8
	17	28	7.1	7.2	9.0
	18	37	9.4	9.5	18.4
	19	39	9.9	10.0	28.4
	20	85	21.7	21.7	50.1
	21	43	11.0	11.0	61.1
	22	53	13.5	13.6	74.7
	23	36	9.2	9.2	83.9
	24	45	11.5	11.5	95.4
	25	12	3.1	3.1	98.5
	26	4	1.0	1.0	99.5
	27	1	.3	.3	99.7
	30	1	.3	.3	100.0
	Total	391	99.7	100.0	
Missing	System	1	.3		
Total		392	100.0		

Q3. What is your marital status?

		<b>Marital Status</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No dependents	3	.8	.8	.8
	Married	325	82.9	82.9	83.7
	Geo Bachelor	24	6.1	6.1	89.8
	Single/divorced with dependents	40	10.2	10.2	100.0
	Total	392	100.0	100.0	

Q4. How many times have you Permanently Changed Station (PCS) with dependents during your military career?

		<b>Number of PCS</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	1.3	1.3	1.3
	1	2	.5	.5	1.8
	2	14	3.6	3.6	5.4
	3	25	6.4	6.4	11.7
	4	43	11.0	11.0	22.7
	5	65	16.6	16.6	39.3
	6	67	17.1	17.1	56.4
	7	56	14.3	14.3	70.7
	8	56	14.3	14.3	84.9
	9	25	6.4	6.4	91.3
	10	21	5.4	5.4	96.7
	11	2	.5	.5	97.2
	12	4	1.0	1.0	98.2
	13	3	.8	.8	99.0
	14	2	.5	.5	99.5
	18	1	.3	.3	99.7
	19	1	.3	.3	100.0
	Total	392	100.0	100.0	

Q5. What is the highest level of education that your spouse has completed?

**Spouse's Education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	30	7.7	7.7	7.7
	Some HS	6	1.5	1.5	9.3
	HS	46	11.7	11.8	21.1
	<2 years College	52	13.3	13.4	34.4
	Associates	65	16.6	16.7	51.2
	Bachelor	118	30.1	30.3	81.5
	Some Post Grad	15	3.8	3.9	85.3
	Masters	49	12.5	12.6	97.9
	Advanced/Ph.D	8	2.0	2.1	100.0
	Total	389	99.2	100.0	
Missing	System	3	.8		
Total		392	100.0		

Q6. Is your spouse currently employed?

**Spouse Employed**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	40	10.2	10.3	10.3
	Yes	176	44.9	45.2	55.5
	No	173	44.1	44.5	100.0
	Total	389	99.2	100.0	
Missing	System	3	.8		
Total		392	100.0		

Q7. Do you have dependent children?

**Children**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	359	91.6	93.0	93.0
	No	27	6.9	7.0	100.0
	Total	386	98.5	100.0	
Missing	System	6	1.5		
Total		392	100.0		

## Q8. Age of children

**0-4 years**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	309	78.8	79.0	79.0
	1	74	18.9	18.9	98.0
	2	8	2.0	2.0	100.0
	Total	391	99.7	100.0	
Missing	System	1	.3		
Total		392	100.0		

**5-10 years**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	226	57.7	57.8	57.8
	1	114	29.1	29.2	87.0
	2	45	11.5	11.5	98.5
	3	6	1.5	1.5	100.0
	Total	391	99.7	100.0	
Missing	System	1	.3		
Total		392	100.0		

**11-13 years**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	261	66.6	66.9	66.9
	1	113	28.8	29.0	95.9
	2	12	3.1	3.1	99.0
	3	4	1.0	1.0	100.0
	Total	390	99.5	100.0	
Missing	System	2	.5		
Total		392	100.0		

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

**14-18 years**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	198	50.5	50.8	50.8
	1	129	32.9	33.1	83.8
	2	48	12.2	12.3	96.2
	3	13	3.3	3.3	99.5
	4	2	.5	.5	100.0
	Total	390	99.5	100.0	
Missing	System	2	.5		
Total		392	100.0		

**19 and older**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	256	65.3	65.6	65.6
	1	85	21.7	21.8	87.4
	2	37	9.4	9.5	96.9
	3	7	1.8	1.8	98.7
	4	4	1.0	1.0	99.7
	5	1	.3	.3	100.0
	Total	390	99.5	100.0	
Missing	System	2	.5		
Total		392	100.0		

Q9. Do you have one or more dependents enrolled in the Exceptional Family Member Programs (EFMP)?

**EFMP**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	13	3.3	3.3	3.3
	Yes	83	21.2	21.3	24.6
	No	294	75.0	75.4	100.0
	Total	390	99.5	100.0	
Missing	System	2	.5		
Total		392	100.0		

		<b>If Yes, How many</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	0	300	76.5	76.7	76.7
	1	65	16.6	16.6	93.4
	2	24	6.1	6.1	99.5
	3	2	.5	.5	100.0
	Total	391	99.7	100.0	
Missing	System	1	.3		
Total		392	100.0		

Q10. Do you have one or more dependents who requires an Individualized Education Program (IEP)?

		<b>IEP</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	N/A	19	4.8	4.9	4.9
	Yes	59	15.1	15.1	20.0
	No	312	79.6	80.0	100.0
	Total	390	99.5	100.0	
Missing	System	2	.5		
Total		392	100.0		

		<b>If Yes, How many</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	0	330	84.2	84.8	84.8
	1	53	13.5	13.6	98.5
	2	5	1.3	1.3	99.7
	3	1	.3	.3	100.0
	Total	389	99.2	100.0	
Missing	System	3	.8		
Total		392	100.0		

Q11. During your military career, to what degree have frequent PCS affected your dependents in each of the following areas

### Medical services TRICARE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	19	4.8	5.1	5.1
	Negative	80	20.4	21.6	26.7
	No Effect	211	53.8	56.9	83.6
	Positive	49	12.5	13.2	96.8
	Very Positive	12	3.1	3.2	100.0
	Total	371	94.6	100.0	
Missing	System	21	5.4		
Total		392	100.0		

### EFMP Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	6	1.5	1.6	1.6
	Negative	31	7.9	8.1	9.7
	No Effect	290	74.0	75.9	85.6
	Positive	34	8.7	8.9	94.5
	Very Positive	7	1.8	1.8	96.3
	99	14	3.6	3.7	100.0
	Total	382	97.4	100.0	
Missing	System	10	2.6		
Total		392	100.0		

### Continuity of care EFMP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	8	2.0	2.1	2.1
	Negative	33	8.4	8.7	10.8
	No Effect	288	73.5	75.6	86.4
	Positive	31	7.9	8.1	94.5

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	Very Positive	6	1.5	1.6	96.1
	99	15	3.8	3.9	100.0
	Total	381	97.2	100.0	
Missing	System	11	2.8		
Total		392	100.0		

**Continuity of care IEP**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	8	2.0	2.1	2.1
	Negative	28	7.1	7.3	9.4
	No Effect	295	75.3	77.4	86.9
	Positive	27	6.9	7.1	94.0
	Very Positive	6	1.5	1.6	95.5
	99	17	4.3	4.5	100.0
	Total	381	97.2	100.0	
Missing	System	11	2.8		
Total		392	100.0		

**Opportunities adults school**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	24	6.1	6.3	6.3
	Negative	74	18.9	19.3	25.6
	No Effect	238	60.7	62.1	87.7
	Positive	25	6.4	6.5	94.3
	Very Positive	9	2.3	2.3	96.6
	99	13	3.3	3.4	100.0
	Total	383	97.7	100.0	
Missing	System	9	2.3		
Total		392	100.0		



**Transfer of school credits**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	34	8.7	8.9	8.9
	Negative	79	20.2	20.7	29.6
	No Effect	223	56.9	58.4	88.0
	Positive	25	6.4	6.5	94.5
	Very Positive	10	2.6	2.6	97.1
	99	11	2.8	2.9	100.0
	Total	382	97.4	100.0	
Missing	System	10	2.6		
Total		392	100.0		

**Honor programs achieved**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	16	4.1	4.2	4.2
	Negative	60	15.3	15.7	19.8
	No Effect	260	66.3	67.9	87.7
	Positive	25	6.4	6.5	94.3
	Very Positive	9	2.3	2.3	96.6
	99	13	3.3	3.4	100.0
	Total	383	97.7	100.0	
Missing	System	9	2.3		
Total		392	100.0		

**Complete school**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	17	4.3	4.4	4.4
	Negative	73	18.6	19.1	23.5
	No Effect	235	59.9	61.4	84.9
	Positive	30	7.7	7.8	92.7

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	Very Positive	12	3.1	3.1	95.8
	99	16	4.1	4.2	100.0
	Total	383	97.7	100.0	
Missing	System	9	2.3		
Total		392	100.0		

**Opportunities to get a job**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	87	22.2	22.6	22.6
	Negative	112	28.6	29.1	51.7
	No Effect	141	36.0	36.6	88.3
	Positive	27	6.9	7.0	95.3
	Very Positive	11	2.8	2.9	98.2
	99	7	1.8	1.8	100.0
	Total	385	98.2	100.0	
Missing	System	7	1.8		
Total		392	100.0		

**Opportunities job in field**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	88	22.4	22.9	22.9
	Negative	94	24.0	24.4	47.3
	No Effect	159	40.6	41.3	88.6
	Positive	24	6.1	6.2	94.8
	Very Positive	9	2.3	2.3	97.1
	99	11	2.8	2.9	100.0
	Total	385	98.2	100.0	
Missing	System	7	1.8		
Total		392	100.0		

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

**Have a career**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	95	24.2	24.7	24.7
	Negative	91	23.2	23.6	48.3
	No Effect	157	40.1	40.8	89.1
	Positive	22	5.6	5.7	94.8
	Very Positive	9	2.3	2.3	97.1
	99	11	2.8	2.9	100.0
	Total	385	98.2	100.0	
Missing	System	7	1.8		
Total		392	100.0		

**Job credentials/certifications**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	54	13.8	14.1	14.1
	Negative	79	20.2	20.6	34.6
	No Effect	209	53.3	54.4	89.1
	Positive	18	4.6	4.7	93.8
	Very Positive	9	2.3	2.3	96.1
	99	15	3.8	3.9	100.0
	Total	384	98.0	100.0	
Missing	System	8	2.0		
Total		392	100.0		

**Spouse's earnings**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	94	24.0	24.3	24.3
	Negative	110	28.1	28.4	52.7
	No Effect	144	36.7	37.2	89.9
	Positive	22	5.6	5.7	95.6

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	Very Positive	8	2.0	2.1	97.7
	99	9	2.3	2.3	100.0
	Total	387	98.7	100.0	
Missing	System	5	1.3		
Total		392	100.0		

**Children's educational dev.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	28	7.1	7.3	7.3
	Negative	117	29.8	30.5	37.8
	No Effect	196	50.0	51.0	88.8
	Positive	28	7.1	7.3	96.1
	Very Positive	8	2.0	2.1	98.2
	99	7	1.8	1.8	100.0
	Total	384	98.0	100.0	
Missing	System	8	2.0		
Total		392	100.0		

**Extracurricular Activities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	20	5.1	5.2	5.2
	Negative	115	29.3	30.0	35.2
	No Effect	191	48.7	49.9	85.1
	Positive	38	9.7	9.9	95.0
	Very Positive	7	1.8	1.8	96.9
	99	12	3.1	3.1	100.0
	Total	383	97.7	100.0	
Missing	System	9	2.3		
Total		392	100.0		

**Social connections/activities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	42	10.7	11.3	11.3
	Negative	136	34.7	36.5	47.7
	No Effect	147	37.5	39.4	87.1
	Positive	40	10.2	10.7	97.9
	Very Positive	8	2.0	2.1	100.0
	Total	373	95.2	100.0	
Missing	System	19	4.8		
Total		392	100.0		

**Sports activities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	20	5.1	5.4	5.4
	Negative	100	25.5	26.9	32.3
	No Effect	205	52.3	55.1	87.4
	Positive	38	9.7	10.2	97.6
	Very Positive	9	2.3	2.4	100.0
	Total	372	94.9	100.0	
Missing	System	20	5.1		
Total		392	100.0		

**Other (may need specifics)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	4	1.0	1.8	1.8
	Negative	4	1.0	1.8	3.6
	No Effect	213	54.3	95.5	99.1
	Positive	1	.3	.4	99.6
	Very Positive	1	.3	.4	100.0
	Total	223	56.9	100.0	

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

Missing	System	169	43.1		
Total		392	100.0		

Q12. Please tell us to what degree do you think each of the following services offered by the military have assisted your dependents and you with relocation:

**ACS – Relocation Readiness**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	4	1.0	1.1	1.1
	Negative	18	4.6	4.7	5.8
	No Effect	175	44.6	46.1	51.8
	Positive	125	31.9	32.9	84.7
	Very Positive	42	10.7	11.1	95.8
	Not Used	16	4.1	4.2	100.0
	Total	380	96.9	100.0	
Missing	System	12	3.1		
Total		392	100.0		

**MWR Facilities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	3	.8	.8	.8
	Negative	10	2.6	2.6	3.4
	No Effect	171	43.6	45.1	48.5
	Positive	135	34.4	35.6	84.2
	Very Positive	44	11.2	11.6	95.8
	Not Used	16	4.1	4.2	100.0
	Total	379	96.7	100.0	
Missing	System	13	3.3		
Total		392	100.0		

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

**Army Sponsorship**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	8	2.0	2.1	2.1
	Negative	26	6.6	6.9	9.0
	No Effect	201	51.3	53.3	62.3
	Positive	100	25.5	26.5	88.9
	Very Positive	27	6.9	7.2	96.0
	Not Used	15	3.8	4.0	100.0
	Total	377	96.2	100.0	
Missing	System	15	3.8		
Total		392	100.0		

**On-Post Housing**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	15	3.8	3.9	3.9
	Negative	50	12.8	13.2	17.1
	No Effect	136	34.7	35.8	52.9
	Positive	116	29.6	30.5	83.4
	Very Positive	40	10.2	10.5	93.9
	Not Used	23	5.9	6.1	100.0
	Total	380	96.9	100.0	
Missing	System	12	3.1		
Total		392	100.0		

**Military One Source**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	3	.8	.8	.8
	Negative	6	1.5	1.6	2.4
	No Effect	193	49.2	51.1	53.4
	Positive	118	30.1	31.2	84.7
	Very Positive	30	7.7	7.9	92.6
	Not Used	28	7.1	7.4	100.0

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	Total	378	96.4	100.0	
Missing	System	14	3.6		
Total		392	100.0		

**MYCAAS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	6	1.5	1.6	1.6
	Negative	9	2.3	2.4	3.9
	No Effect	251	64.0	66.1	70.0
	Positive	40	10.2	10.5	80.5
	Very Positive	16	4.1	4.2	84.7
	Not Used	58	14.8	15.3	100.0
	Total	380	96.9	100.0	
Missing	System	12	3.1		
Total		392	100.0		

**Behavioral health services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	5	1.3	1.3	1.3
	Negative	15	3.8	4.0	5.3
	No Effect	225	57.4	59.7	65.0
	Positive	64	16.3	17.0	82.0
	Very Positive	21	5.4	5.6	87.5
	Not Used	47	12.0	12.5	100.0
	Total	377	96.2	100.0	
Missing	System	15	3.8		
Total		392	100.0		



**Employment Readiness**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	14	3.6	3.7	3.7
	Negative	28	7.1	7.3	11.0
	No Effect	226	57.7	59.3	70.3
	Positive	53	13.5	13.9	84.3
	Very Positive	16	4.1	4.2	88.5
	Not Used	44	11.2	11.5	100.0
	Total	381	97.2	100.0	
Missing	System	11	2.8		
Total		392	100.0		

**Resilience Training**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	5	1.3	1.3	1.3
	Negative	6	1.5	1.6	2.9
	No Effect	229	58.4	60.6	63.5
	Positive	87	22.2	23.0	86.5
	Very Positive	21	5.4	5.6	92.1
	Not Used	30	7.7	7.9	100.0
	Total	378	96.4	100.0	
Missing	System	14	3.6		
Total		392	100.0		

**Family resilience center**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	6	1.5	1.6	1.6
	Negative	10	2.6	2.6	4.2
	No Effect	235	59.9	61.8	66.1
	Positive	63	16.1	16.6	82.6
	Very Positive	17	4.3	4.5	87.1
	Not Used	49	12.5	12.9	100.0

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	Total	380	96.9	100.0	
Missing	System	12	3.1		
Total		392	100.0		

**AFAP**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Negative	3	.8	.8	.8
	Negative	7	1.8	1.8	2.6
	No Effect	254	64.8	67.0	69.7
	Positive	50	12.8	13.2	82.8
	Very Positive	13	3.3	3.4	86.3
	Not Used	52	13.3	13.7	100.0
	Total	379	96.7	100.0	
Missing	System	13	3.3		
Total		392	100.0		

**Other (may need specifics)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	169	43.1	43.1	43.1
	No Effect	212	54.1	54.1	97.2
	Positive	8	2.0	2.0	99.2
	Very Positive	1	.3	.3	99.5
	Not Used	2	.5	.5	100.0
	Total	392	100.0	100.0	

Q12. During your military career, have you seen the military improve in providing effective programs and assistance to your dependents and you during PCS?

		<b>Improvement</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	N/A	62	15.8	16.0	16.0
	Yes	224	57.1	57.9	73.9
	No	101	25.8	26.1	100.0
	Total	387	98.7	100.0	
Missing	System	5	1.3		
Total		392	100.0		

Q13. Has your spouse left a job due to a PCS?

		<b>Spouse left job</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	N/A	47	12.0	12.1	12.1
	Yes	255	65.1	65.6	77.6
	No	87	22.2	22.4	100.0
	Total	389	99.2	100.0	
Missing	System	3	.8		
Total		392	100.0		

		<b>If Yes, How many</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	0	133	33.9	36.3	36.3
	1	35	8.9	9.6	45.9
	2	73	18.6	19.9	65.8
	3	60	15.3	16.4	82.2
	4	27	6.9	7.4	89.6
	5	23	5.9	6.3	95.9
	6	5	1.3	1.4	97.3
	7	9	2.3	2.5	99.7
	8	1	.3	.3	100.0

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	Total	366	93.4	100.0	
Missing	System	26	6.6		
Total		392	100.0		

Q14. At your last location, how long did it take your spouse to get a job?

How long to get job					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	223	56.9	57.6	57.6
	1	12	3.1	3.1	60.7
	2	7	1.8	1.8	62.5
	3	14	3.6	3.6	66.1
	4	11	2.8	2.8	69.0
	5	7	1.8	1.8	70.8
	6	29	7.4	7.5	78.3
	7	11	2.8	2.8	81.1
	8	14	3.6	3.6	84.8
	9	3	.8	.8	85.5
	10	9	2.3	2.3	87.9
	11	2	.5	.5	88.4
	12	23	5.9	5.9	94.3
	13	2	.5	.5	94.8
	14	2	.5	.5	95.3
	15	2	.5	.5	95.9
	18	5	1.3	1.3	97.2
	21	1	.3	.3	97.4
	24	7	1.8	1.8	99.2
	26	1	.3	.3	99.5
	36	2	.5	.5	100.0
	Total	387	98.7	100.0	
Missing	System	5	1.3		
Total		392	100.0		

Q15. Has your spouse ever been underemployed due to a PCS?

		<b>Underemployed</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	87	22.2	22.4	22.4
	Yes	213	54.3	54.8	77.1
	No	89	22.7	22.9	100.0
	Total	389	99.2	100.0	
Missing	System	3	.8		
Total		392	100.0		

		<b>If Yes, How many</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	186	47.4	50.4	50.4
	1	48	12.2	13.0	63.4
	2	76	19.4	20.6	84.0
	3	31	7.9	8.4	92.4
	4	9	2.3	2.4	94.9
	5	9	2.3	2.4	97.3
	6	6	1.5	1.6	98.9
	7	4	1.0	1.1	100.0
	Total	369	94.1	100.0	
Missing	System	23	5.9		
Total		392	100.0		

Q16. Has your spouse taken a job with lower pay due to a PCS?

		<b>Lower pay</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	96	24.5	24.7	24.7
	Yes	196	50.0	50.5	75.3
	No	96	24.5	24.7	100.0
	Total	388	99.0	100.0	
Missing	System	4	1.0		
Total		392	100.0		

		<b>If Yes, How many</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	0	199	50.8	53.6	53.6
	1	46	11.7	12.4	66.0
	2	72	18.4	19.4	85.4
	3	34	8.7	9.2	94.6
	4	10	2.6	2.7	97.3
	5	6	1.5	1.6	98.9
	6	3	.8	.8	99.7
	7	1	.3	.3	100.0
	Total	371	94.6	100.0	
Missing	System	21	5.4		
Total		392	100.0		

Q17. Have you experienced a large difference in quality of education for your dependents after relocation?

		<b>Difference in education</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	N/A	44	11.2	11.4	11.4
	Yes	242	61.7	62.9	74.3
	No	99	25.3	25.7	100.0
	Total	385	98.2	100.0	
Missing	System	7	1.8		
Total		392	100.0		

		<b>If Yes, How many</b>			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	0	149	38.0	40.8	40.8
	1	47	12.0	12.9	53.7
	2	94	24.0	25.8	79.5
	3	47	12.0	12.9	92.3
	4	13	3.3	3.6	95.9
	5	4	1.0	1.1	97.0

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	6	4	1.0	1.1	98.1
	7	3	.8	.8	98.9
	8	1	.3	.3	99.2
	9	1	.3	.3	99.5
	10	2	.5	.5	100.0
	Total	365	93.1	100.0	
Missing	System	27	6.9		
Total		392	100.0		

Q18. During your career in the military, have you ever considered separating from the military to support or improve the following:

**Spouse's education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	21	5.4	5.4	5.4
	N/A	84	21.4	21.4	26.8
	Never	175	44.6	44.6	71.4
	1-Time	47	12.0	12.0	83.4
	2-Times	26	6.6	6.6	90.1
	3-Times	11	2.8	2.8	92.9
	4 or more Times	28	7.1	7.1	100.0
	Total	392	100.0	100.0	

**Spouse's job opportunities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	17	4.3	4.3	4.3
	N/A	75	19.1	19.1	23.5
	Never	151	38.5	38.5	62.0
	1-Time	47	12.0	12.0	74.0
	2-Times	47	12.0	12.0	86.0
	3-Times	20	5.1	5.1	91.1
	4 or more Times	35	8.9	8.9	100.0
	Total	392	100.0	100.0	

**Children's education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	16	4.1	4.1	4.1
	N/A	72	18.4	18.4	22.4
	Never	134	34.2	34.2	56.6
	1-Time	41	10.5	10.5	67.1
	2-Times	53	13.5	13.5	80.6
	3-Times	32	8.2	8.2	88.8
	4 or more Times	44	11.2	11.2	100.0
	Total	392	100.0	100.0	

**Other (may need specifics)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	137	34.9	34.9	34.9
	0	197	50.3	50.3	85.2
	1	40	10.2	10.2	95.4
	2	10	2.6	2.6	98.0
	3	2	.5	.5	98.5
	4	1	.3	.3	98.7
	5	4	1.0	1.0	99.7
	Finances: 5	1	.3	.3	100.0
	Total	392	100.0	100.0	

Q19. Have you ever chosen to PCS without your family due to any of the factors below?

**Dependents' job stability**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	14	3.6	3.6	3.6
	N/A	49	12.5	12.5	16.1
	Yes	136	34.7	34.7	50.8
	No	193	49.2	49.2	100.0
	Total	392	100.0	100.0	



**Educational stability**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	13	3.3	3.3	3.3
	N/A	42	10.7	10.7	14.0
	Yes	147	37.5	37.5	51.5
	No	190	48.5	48.5	100.0
	Total	392	100.0	100.0	

**Health care issues**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	15	3.8	3.8	3.8
	N/A	59	15.1	15.1	18.9
	Yes	73	18.6	18.6	37.5
	No	245	62.5	62.5	100.0
	Total	392	100.0	100.0	

**External family support**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	18	4.6	4.6	4.6
	N/A	58	14.8	14.8	19.4
	Yes	101	25.8	25.8	45.2
	No	215	54.8	54.8	100.0
	Total	392	100.0	100.0	

**Other (may need specifics)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	138	35.2	35.2	35.2
	0	187	47.7	47.7	82.9
	1	9	2.3	2.3	85.2
	2	56	14.3	14.3	99.5
	Current Economy: 1	1	.3	.3	99.7
	EFMP	1	.3	.3	100.0
	Total	392	100.0	100.0	

		<b>If Yes, How many</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	336	85.7	92.3	92.3
	2	6	1.5	1.6	94.0
	3	7	1.8	1.9	95.9
	4	6	1.5	1.6	97.5
	108	2	.5	.5	98.1
	120	2	.5	.5	98.6
	121	1	.3	.3	98.9
	144	3	.8	.8	99.7
	168	1	.3	.3	100.0
	Total	364	92.9	100.0	
Missing	System	28	7.1		
Total		392	100.0		

Q20. Do you think longer tour of duties will positively impact your dependent in the following areas?

		<b>Social connections</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	19	4.8	5.0	5.0
	Yes	312	79.6	82.1	87.1
	No	49	12.5	12.9	100.0
	Total	380	96.9	100.0	
Missing	System	12	3.1		
Total		392	100.0		

		<b>Educational opportunities</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	24	6.1	6.3	6.3
	Yes	299	76.3	78.7	85.0
	No	57	14.5	15.0	100.0
	Total	380	96.9	100.0	

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

Missing	System	12	3.1		
Total		392	100.0		

**Employment opportunities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	29	7.4	7.6	7.6
	Yes	307	78.3	80.8	88.4
	No	44	11.2	11.6	100.0
	Total	380	96.9	100.0	
Missing	System	12	3.1		
Total		392	100.0		

**If Yes, how long**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	23	5.9	6.7	6.7
	1	91	23.2	26.5	33.1
	2	200	51.0	58.1	91.3
	3	30	7.7	8.7	100.0
	Total	344	87.8	100.0	
Missing	System	48	12.2		
Total		392	100.0		

Q21. Do you feel that EFMP covers all your dependents' needs?

**EFMP covers needs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	15	3.8	3.8	3.8
	N/A	239	61.0	61.0	64.8
	Yes	91	23.2	23.2	88.0
	No	47	12.0	12.0	100.0
	Total	392	100.0	100.0	

Q22. Are you satisfied with processes to report problems with EFMP?

Satisfied with report process					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	15	3.8	3.8	3.8
	N/A	247	63.0	63.0	66.8
	Yes	81	20.7	20.7	87.5
	No	49	12.5	12.5	100.0
	Total	392	100.0	100.0	

Q23. Has EFMP always been responsive to problems with your dependent's healthcare?

EFMP responsive to problems					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	15	3.8	3.8	3.8
	N/A	252	64.3	64.3	68.1
	Yes	82	20.9	20.9	89.0
	No	43	11.0	11.0	100.0
	Total	392	100.0	100.0	

Q24. If yes, did the response adequately fix the problem?

If yes, adequately fixed					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	31	7.9	7.9	7.9
	N/A	269	68.6	68.6	76.5
	Yes	68	17.3	17.3	93.9
	No	24	6.1	6.1	100.0
	Total	392	100.0	100.0	

Q25. What, if anything, prevents your dependents from seeking medical, educational or behavioral health help?

		<b>Time</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	275	70.2	78.8	78.8
	Yes	74	18.9	21.2	100.0
	Total	349	89.0	100.0	
Missing	System	43	11.0		
Total		392	100.0		

		<b>Money</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	307	78.3	88.5	88.5
	Yes	40	10.2	11.5	100.0
	Total	347	88.5	100.0	
Missing	System	45	11.5		
Total		392	100.0		

		<b>Embarrassment</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	326	83.2	93.9	93.9
	Yes	21	5.4	6.1	100.0
	Total	347	88.5	100.0	
Missing	System	45	11.5		
Total		392	100.0		

		<b>Childcare</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	307	78.3	88.5	88.5
	Yes	40	10.2	11.5	100.0

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

	Total	347	88.5	100.0	
Missing	System	45	11.5		
Total		392	100.0		

**Service not available**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	290	74.0	83.3	83.3
	Yes	58	14.8	16.7	100.0
	Total	348	88.8	100.0	
Missing	System	44	11.2		
Total		392	100.0		

**Confidence**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	293	74.7	84.2	84.2
	Yes	55	14.0	15.8	100.0
	Total	348	88.8	100.0	
Missing	System	44	11.2		
Total		392	100.0		

**N/A**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	197	50.3	53.7	53.7
	Yes	170	43.4	46.3	100.0
	Total	367	93.6	100.0	
Missing	System	25	6.4		
Total		392	100.0		

Q26. Do you feel there is adequate intervention when a dependent demonstrates issues with medical, educational, or behavioral health?

Adequate intervention					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	24	6.1	6.1	6.1
	N/A	125	31.9	31.9	38.0
	Yes	156	39.8	39.8	77.8
	No	87	22.2	22.2	100.0
	Total	392	100.0	100.0	

Q27. In a few words, what are your impressions about the current EFMP process?

Impressions about EFMP					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	267	68.1	68.1	68.1
	0	3	.8	.8	68.9
	Adequate	1	.3	.3	69.1
	Adequate to maintain records; not very proactive in reaching out to family members	1	.3	.3	69.4
	Adjust to fit need of all	1	.3	.3	69.6
	Affects career opportunities	1	.3	.3	69.9
	Bureaucracy. Takes too long to get anything done.	1	.3	.3	70.2
	biased employees	1	.3	.3	70.4
	can be better	1	.3	.3	70.7
	Caring for families	1	.3	.3	70.9
	Complacent	1	.3	.3	71.2
	continuity of care	1	.3	.3	71.4
	Cumbersome, difficult to disenroll	1	.3	.3	71.7
	Depends on location	1	.3	.3	71.9
	Does not work for USAREC	1	.3	.3	72.2
	efficient	1	.3	.3	72.4

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

EFMP coordinators report fase data for services to HRC	1	.3	.3	72.7
Extensive, long drawn out process	1	.3	.3	73.0
fair	1	.3	.3	73.2
Geat prgram	1	.3	.3	73.5
good	5	1.3	1.3	74.7
Good	2	.5	.5	75.3
Good process to help families	1	.3	.3	75.5
Good program when soldiers need it	1	.3	.3	75.8
Good response program	1	.3	.3	76.0
Great	1	.3	.3	76.3
Great program	1	.3	.3	76.5
Great Program	2	.5	.5	77.0
Great!	2	.5	.5	77.6
Had one dependent enrolled and it had little impact	1	.3	.3	77.8
I enjoyed the process	1	.3	.3	78.1
I have none	1	.3	.3	78.3
Inadequate	1	.3	.3	78.6
It checks the box	1	.3	.3	78.8
It helps service members	1	.3	.3	79.1
It takes too long, sometimes if not necessary	1	.3	.3	79.3
It works, but slow	1	.3	.3	79.6
It is a good program	1	.3	.3	79.8
Its excellent	1	.3	.3	80.1
Lip Service only	1	.3	.3	80.4
More work needed	1	.3	.3	80.6
n/a	7	1.8	1.8	82.4
N/A	34	8.7	8.7	91.1
Need Improvement	1	.3	.3	91.3
Need to be standardized across locations	1	.3	.3	91.6
Needed	1	.3	.3	91.8
Needed program but cookie cutter	1	.3	.3	92.1



## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

no	1	.3	.3	92.3
Non-Existent	1	.3	.3	92.6
Not bad, great system	1	.3	.3	92.9
Not evenly support at all locations	1	.3	.3	93.1
Not helpful. Makes PCS harder	1	.3	.3	93.4
not in	1	.3	.3	93.6
Painful and fails to provide categories	1	.3	.3	93.9
Pointless inadequate	1	.3	.3	94.1
proactive	1	.3	.3	94.4
Quality of program	1	.3	.3	94.6
seems to be good	1	.3	.3	94.9
slow	1	.3	.3	95.2
Slow	1	.3	.3	95.4
Solid	1	.3	.3	95.7
Thoughtless, Lazy	1	.3	.3	95.9
Timely, efficient, and responsive	1	.3	.3	96.2
Too intrusive. Should be voluntary	1	.3	.3	96.4
Too long and time consuming	1	.3	.3	96.7
Too long to approve or can't find office.	1	.3	.3	96.9
Too long to process	2	.5	.5	97.4
Too much paperwork and ....	1	.3	.3	97.7
Unnecessary push for EFMP, detrimental to career	1	.3	.3	98.0
Unnecessary requirement for all	1	.3	.3	98.2
Useful	1	.3	.3	98.5
Varies on location	1	.3	.3	98.7
Very helpful	1	.3	.3	99.0
Very Positive	1	.3	.3	99.2
waste of time	1	.3	.3	99.5
Works great	1	.3	.3	99.7
works, must keep current	1	.3	.3	100.0

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

Total	392	100.0	100.0
-------	-----	-------	-------

Q28. Do you have any suggestions on how to improve the EFMP?

### Suggestions to improve EFMP

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid .	300	76.5	76.5	76.5
0	3	.8	.8	77.3
Actually do something	1	.3	.3	77.6
Allow SM to opted out	1	.3	.3	77.8
Automated	1	.3	.3	78.1
Awareness	1	.3	.3	78.3
Better coordination between providers	1	.3	.3	78.6
better employees	1	.3	.3	78.8
continuity of care	1	.3	.3	79.1
Coordinate EFMP screening with annual APPTS	1	.3	.3	79.3
Do away with it	1	.3	.3	79.6
Do better to support family members	1	.3	.3	79.8
Eliminate EFMP	1	.3	.3	80.1
Ensure employees are trained and knowledgeable	1	.3	.3	80.4
Eradicate it	1	.3	.3	80.6
Faster process	1	.3	.3	80.9
Faster turn around	1	.3	.3	81.1
Fire people that won't do their job	1	.3	.3	81.4
Hire people that care about military families	1	.3	.3	81.6
Hold EFMP coordinators accountable if services are not available	1	.3	.3	81.9
improve knowledge on HRC and Senior Leader not EFMP	1	.3	.3	82.1

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

Increase capability of health care insurance. Decrease on post capability run by Army/ other services	1	.3	.3	82.4
Its excellent	1	.3	.3	82.7
listen to users	1	.3	.3	82.9
Make it automated	1	.3	.3	83.2
more efficient electronic system	1	.3	.3	83.4
more providers used off post providers	1	.3	.3	83.7
Mote personnel needed	1	.3	.3	83.9
n/a	10	2.6	2.6	86.5
N/A	31	7.9	7.9	94.4
Need Follow up	1	.3	.3	94.6
Need to support USAREC	1	.3	.3	94.9
Needs improvement	1	.3	.3	95.2
no	3	.8	.8	95.9
No	4	1.0	1.0	96.9
no, you figure out	1	.3	.3	97.2
none	1	.3	.3	97.4
Not at this time	1	.3	.3	97.7
not in	1	.3	.3	98.0
Provide appropriate resource everywhere	1	.3	.3	98.2
Reduce time by auto screening records and automatic enrollment	1	.3	.3	98.5
Remove program, redistribute funding	1	.3	.3	98.7
Shorten then amount of paperwork and people involved in the process	1	.3	.3	99.0
Standardize with people who know	1	.3	.3	99.2
Stop making screening mandatory for all SMs when it does not apply	1	.3	.3	99.5

## USASMA SMC 68 THE EFFECTS OF PCS ON MILITARY DEPENDENTS

Stop Moving Families	1	.3	.3	99.7
streamline enrollment, update process	1	.3	.3	100.0
Total	392	100.0	100.0	

Q29. Ideally, how long do you think a tour of duty should be to improve your satisfaction with EFMP?

**Tour of duty for EFMP**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	37	9.4	9.4	9.4
	N/A	173	44.1	44.1	53.6
	2-4 Years	41	10.5	10.5	64.0
	5-6 Years	106	27.0	27.0	91.1
	Longer than 6 Years	35	8.9	8.9	100.0
	Total	392	100.0	100.0	

Q30. Have any military dependents within your household received Behavioral Health services?

**Dependent in Behavioral Health**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	70	17.9	19.1	19.1
	Yes	101	25.8	27.5	46.6
	No	196	50.0	53.4	100.0
	Total	367	93.6	100.0	
Missing	System	25	6.4		
Total		392	100.0		

Q31. Over how long of a period have military dependents received care from Behavioral Health?

**Years receiving Behavioral Health**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	28	7.1	7.1	7.1
	N/A	265	67.6	67.6	74.7
	2-4 Years	71	18.1	18.1	92.9
	5-6 Years	15	3.8	3.8	96.7
	Longer than 6 Years	13	3.3	3.3	100.0
	Total	392	100.0	100.0	

Q32. Please list number of dependents within your household that are receiving or received Behavioral Health services:

**Spouse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	324	82.7	88.5	88.5
	1	42	10.7	11.5	100.0
	Total	366	93.4	100.0	
Missing	System	26	6.6		
Total		392	100.0		

**Children**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	295	75.3	80.4	80.4
	1	57	14.5	15.5	95.9
	2	13	3.3	3.5	99.5
	3	1	.3	.3	99.7
	6	1	.3	.3	100.0
	Total	367	93.6	100.0	
Missing	System	25	6.4		
Total		392	100.0		

		<b>Adult Dependent</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	358	91.3	97.5	97.5
	1	8	2.0	2.2	99.7
	2	1	.3	.3	100.0
	Total	367	93.6	100.0	
Missing	System	25	6.4		
Total		392	100.0		

Q33. Do you feel PCS has affected the need of your dependents for Behavioral Health services?

		<b>PCS affected Behavioral health</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	197	50.3	55.0	55.0
	Yes	78	19.9	21.8	76.8
	No	83	21.2	23.2	100.0
	Total	358	91.3	100.0	
Missing	System	34	8.7		
Total		392	100.0		

Q34. In the context of your household, how would you rate the following:

		<b>Communication skills</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Extremely Poor	4	1.0	1.3	1.3
	Poor	49	12.5	15.7	16.9
	Strong	181	46.2	57.8	74.8
	Extremely Strong	79	20.2	25.2	100.0
	Total	313	79.8	100.0	
Missing	System	79	20.2		
Total		392	100.0		

**External family support**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Extremely Poor	16	4.1	4.8	4.8
	Poor	59	15.1	17.7	22.5
	Strong	167	42.6	50.2	72.7
	Extremely Strong	91	23.2	27.3	100.0
	Total	333	84.9	100.0	
Missing	System	59	15.1		
Total		392	100.0		

## Appendix C: Demographics

### *Sergeants Major Course*

*Class #1-17 (68)*

*15 August 2017 – 22 June 2018*

<u><i>Student Load:</i></u>	713	International (continued)	<u><i>Leadership Experience:</i></u>	
AC	578	Saudi Arabia (4)	First Sergeant	610
ARNG	15	Senegal	Operations Sergeant	452
USAR	54	Singapore (2)	Platoon Sergeant	153
USAF	2	Slovak Republic		
USCG	2	South Africa	<u><i>Civilian Education:</i></u>	
USMC	3	Taiwan (2)	Doctorate	1
International	59	Tanzania	Master Degrees	64
Albania (2)		Tonga	Bachelor Degrees	176
Argentina		Uganda	Associate Degrees	156
Australia			Some College	
Belize		<u><i>Rank:</i></u>	(60 or more hours)	130
Bosnia-Herzegovina		SGM	Some College	
Botswana		MSG	(less than 60 hours)	120
Brazil (2)		1STSGT	High School/GED	66
Bulgaria		SMSGT		
Canada		SCPO		
Colombia			<u><i>Time In Service:</i></u>	
Croatia		<u><i>Branch Breakdown:</i></u>	Longest	*
Czech Republic		Force Sustainment	Longest	**
Estonia		Division (FSD)	Longest	***
Fiji		Operations Division (OD)	Shortest	*
Georgia		Operations Support	Shortest	**
Germany (2)		Division (OSD)	Shortest	***
Ghana		Other Services/	Average	21
Hungary		International		
Indonesia			<u><i>Age:</i></u>	
Iraq (3)		<u><i>Deployments:</i></u>	Oldest	*
Italy		Operation Just Cause	Oldest	**
Jamaica		Operation Desert Storm	Oldest	***
Japan		Operation Restore Hope	Youngest	*
Jordan		Operation Joint Endeavor	Youngest	**
Kazakhstan		Operation Joint Guardian	Youngest	***
Kosovo		Operation Enduring	Average	41
Lebanon		Freedom		
Lithuania		Operation Iraqi Freedom	<u><i>Gender:</i></u>	
Malawi		Others	Male	623
Maldives			Female	90
Netherlands (2)		<u><i>Military Education:</i></u>		
New Zealand (2)		Master Resiliency Trainer	<u><i>Family Status:</i></u>	
Norway (2)		Equal Opportunity Advisor	Accompanied	383
Papua-New Guinea		Inspector General	Geographic	236
Philippines		First Sergeant Course	<u><i>Bonafide</i></u>	94
Poland		Battle Staff NCO Course		
Rwanda			*	International
			**	ARNG/USAR
			***	Active Component



## References

- Adler, P. S., & Kwon, S. (2002, January). Social capital: Prospects for new concept. *The Academy of Management Review*, 27, 17-40. Retrieved from [https://web.archive.org/web/20161013082008/http://www.csee.wvu.edu/~xin/library/papers/social/social\\_capital.pdf](https://web.archive.org/web/20161013082008/http://www.csee.wvu.edu/~xin/library/papers/social/social_capital.pdf)
- Alwine, R. (2016). Spouses balance work, family, army. *Army*, 66 (6), 56-57. Retrieved from <https://search.proquest.com/docview/1807738722?accountid=46682>
- Bailey, K. (1994). *Methods of Social Research*. The Free Press, New York, NY.
- Beck, K. & Gleason, J. (2017). Examining associations between relocation, continuity of care, and patient satisfaction in military spouses. *Military Medicine*, 182 (5/6), 1657-1663.
- Becker, A. A. (2014). Military spouses pursuing college completion and career goals: A phenomenological study on participation and persistence. *Military Database*. Retrieved from <https://search.proquest.com/docview/1665586385?accountid=46682>
- Becker, S.J., Cataldo, A., Esposito-Smythers C., Spirito, A., Swenson, R. (2014). Barriers to seeking mental health services among adolescents in military families. *Professional Psychology, Research and Practice*, 45 (6), 504-513.
- Bowles, S. V., Pollock, L. D., Moore, M., Wadsworth, S. M., Cato, C., Dekle, J. W., & Bates, M. J. (2015). Total force fitness: The military family fitness model. *Military Medicine*, 180 (3), 246-258. Retrieved from <https://search.proquest.com/docview/1661322219?accountid=46682>

- Bronfenbrenner Center for Translational Research, Cornell University and University of Kansas (2013). *Department of Defense exceptional family member program benchmark study*. Washington, DC.
- Burns, S., Lurie P., Whitley, J. (2018). Analysis of an alternative military healthcare benefit design. *Defence and Peace Economics*, 29 (1), 6-23.
- Cable, S., Coleman, M., Drummet A.R. (2003): Military families under stress: implications for family life education. *Family Relations*; 52(3), 279 – 87.
- Cardin, J.F., Flittner-O’Grady, A., Lester, P., MacDermid-Wadsworth, S., Mustillo, S., Topp, D., Willerton, E. (2015). Help seeking in military families on behalf of their young children. *Psychological Services*, 12 (3), 231-240.
- Chawla, N., & Solinas-Saunders, M. (2011). Supporting military parent and child adjustment to deployment separations with filial therapy. *The American Journal of Family Therapy*, Issue 39, 179-192.
- Cooney, R., De Angelis, K., & Wechsler Segal, M. (2011). Moving with the Military: Race, class, and gender Differences in Employment Consequences of Tied migration, 18 (1/2), 360-384. Retrieved from <http://www.jstor.org.lib.utep.edu/stable/pdf/23884884.pdf?refreqid=excelsior%3A12277ecb1e8ce93bdced83cdd3419787>
- Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (3rd ed.). Los Angeles, CA: Sage Publications, Inc.

- Davis, J., Finke, E., Hickerson, B. (2016). Service delivery experienced and intervention needs of military families with children with ASD. *Journal of Autism and Developmental Disorders*, 46 (5), 1748-1761.
- Desrosiers, J. (2014). The stressors of the military lifestyle and the services available to help military families. *Digital Commons@Providence*. Retrieved from:[https://digitalcommons.providence.edu/cgi/viewcontent.cgi?referer=https://www.bing.com/&httpsredir=1&article=1094&context=socialwrk\\_students](https://digitalcommons.providence.edu/cgi/viewcontent.cgi?referer=https://www.bing.com/&httpsredir=1&article=1094&context=socialwrk_students)
- Diehle, J., Brooks, S. K., & Greenberg, N. (2017). Veterans are not the only ones suffering from posttraumatic stress symptoms: What do we know about dependents' secondary traumatic stress? *Social Psychiatry and Psychiatric Epidemiology*, 52(1), 35-44. <http://dx.doi.org/10.1007/s00127-016-1292-6>
- Easterbrooks, M. A., Ginsburg, K., & Lerner, R. M. (2013). Resilience among military youth. *The Future of Children*, 23 (2), 99-120. Retrieved from <http://0-www.jstor.org.lib.utep.edu/stable/pdf/23595622.pdf?refreqid=excelsior%3A4aca44f5f49cee7ab17ceb40b5a001fe>
- Fay, M., & Shih, J. (2017). Pearson's chi-square test and rank correlation inferences for clustered data. *Biometrics*, 73(3), 822-832.
- Ferraro, A., Lucier-Greer, M., Mancini, J., O'Neal, C., Ross, B. (2016). Family relational health, psychological resources, and health behaviors: A dyadic study of military couples. *Military Medicine*, 181 (2), 152-160.
- Frescoln, K., Nguyen, M. T., Rohe, W., & Webb, M. (2017). "I was scared over there." family well-being after relocation from a distressed public housing development.

- International Public Health Journal*, 221-240. Retrieved from <https://search.proquest.com/docview/1929692497?accountid=46682>
- Garratt, A. M., Helgeland, J., & Gulbrandsen, P. (2011). Five-point scales outperform 10-point scales in a randomized comparison of item scaling for the patient experiences questionnaire. *Journal of Clinical Epidemiology*, 64(2), 200-7. <http://dx.doi.org/10.1016/j.jclinepi.2010.02.016> Retrieved from <https://search.proquest.com/docview/1033248672?accountid=4668>
- Gomez, J. K. (2014). *The impact of psychological resilience on army active duty military wives' mental and physical health*. Military Database (1639094644). Retrieved from <https://search.proquest.com/docview/1639094644?accountid=46682>
- Griffin, B. A., Karney, B. R., Meadows, S. O., & Pollak, J. (2016). Employment gaps between military spouses and matched civilians. *Armed Forces and Society*, 42(3), 542-561. Retrieved from <http://0-journals.sagepub.com.lib.utep.edu/doi/pdf/10.1177/0095327X15607810>
- Hosek, J., & MacDermid Wadsworth, S. (2013). Economic conditions of military families. *The Future of Children*, 23(2), 41-59. Retrieved from <http://0-www.jstor.org.lib.utep.edu/stable/pdf/23595619.pdf?refreqid=excelsior%3A0bed89ab668c0b9f3553bd540e2d0b09>
- Huebner, A. J., Mancini, J. A., Bowen, G. L., & Orthner, D. K. (2009). Shadowed by war: Building community capacity to support military families. *Family Relations*, 58(2), 216-228.

- Ifeagwazi, C. M., Chukwuorji, J. C., & Zacchaeus, E. A. (2015). Alienation and psychological wellbeing: Moderation by resilience. *Social Indicators Research*, 120(2), 525-544. <http://dx.doi.org/10.1007/s11205-014-0602-1>
- Jagger, J.C. & Lederer, S. (2014). Impact of geographical mobility on military children's access to special education services. *Children and Schools*, 36 (1), 15-22.
- Johnson, H., Ling C. (2013). Caring for military children in the emergency department: the essentials. *Journal of Emergency Nursing*, 39(6), 647-651.
- Kubatova, J., Seitlova, K., Stoklasa, J., & Talasek, T. (2017). Likert Scales in group multiple-criteria evaluation. *Journal of Multiple-Valued Logic & Soft Computing*, 29 (5), 424-440.
- Kudler, H., Porter, R. (2013). Building communities of care for military children and families. *Future Child*, 23 (3), 163-185.
- Lundquist, J., & Xu, Z. (2014). Reinstitutionalizing families: Life course policy and marriage in the military. *Journal of Marriage and Family*, 76(5), 1063-1081.  
Retrieved from [https://search.proquest.com/docview/1636191359?](https://search.proquest.com/docview/1636191359?accountid=46682)  
[accountid=46682](https://search.proquest.com/docview/1636191359?accountid=46682)
- McGuinness, T. M., & McGuinness, J. P. (2014). The well-being of children from military families. *Journal of Psychosocial Nursing & Mental Health Services*, 52 (4), 27-30.  
<http://dx.doi.org/10.3928/02793695-20140304-01>

- Morrison, P. S., & Clark, W. A. (2016). Loss aversion and duration of residence. *Demographic Research*, 35, 1079-1100. Retrieved from <https://search.proquest.com/docview/1829033832?accountid=46682>
- Murphey, D. A., Darling-Churchill, K. E., & Chrisler, A. J. (2011, January). The well-being of young children in military families: A review and recommendations for further study. *Child Trends*, 21. Retrieved from [http://www.childtrends.org/wp-content/uploads/2013/04/Child\\_Trends-2011\\_08\\_12\\_FR\\_ChildMilitaryFams.pdf](http://www.childtrends.org/wp-content/uploads/2013/04/Child_Trends-2011_08_12_FR_ChildMilitaryFams.pdf)
- Pettit, B. (2000, March). Moving and children's social connections: The critical importance of context. *Center for Research on Child Wellbeing, University of Washington*. Retrieved from <http://crcw.princeton.edu/workingpapers/WP98-04-Pettit.pdf>
- Sauerwein, T. & True, M. (2016). The Diabetes Center of Excellence: A model to emulate. *Military Medicine*, 181(5), 407-409.
- Snyder, S. (2015). Palliative care in the U.S. military health system. *Military Medicine*, 180 (10), 1024-1026.
- Stites, M. L. (2016). How early childhood teachers perceive the educational needs of military dependent children. *Early Childhood Education Journal*, 44 (2), 107-117. <http://dx.doi.org/10.1007/s10643-015-0698-1>
- Tella, A. (2015). Electronic and paper based data collection methods in library and information science research. *New Library World*, 116(9), 588-609. Retrieved from <https://search.proquest.com/docview/1708504812?accountid=46682>

- Walker, V. (2013). A military retiree's perceptual struggle for employment in the government or civilian workforce system. *University of Phoenix, Phoenix*, p. 51.
- Watson, G. H. (2000). Toward a central tendency on six sigma. *Quality Progress*, 33(7), 16. Retrieved from <https://search.proquest.com/docview/214771306?accountid=46682>
- Weigold, A., Weigold, I.K., & Russell, E.J. (2013). Examination of the equivalence of self-report survey-based paper-and-pencil and internet data collection methods, *Psychological Methods*, 18(1), pp. 53 - 70, available at: <http://dx.doi.org/10.1037/a0031607>
- Woodworth, J. (2015). Military spouse employment. *Boston, Vol 45, Issue 10*, pp. 52-55.
- Woodworth, J. (2016). Myths about military families. *Boston, Vol 46, Issue 11*, pp. 46-48.
- United States Department of the Army (2017). The Exceptional Family Member Program: *Army regulation 608-75*. Washington D.C.
- United States Department of the Army (2014). Military One Source. Retrieved from: [http://download.militaryonesource.mil/12038/MOS/ Reports/2014-Demographics-Report.pdf](http://download.militaryonesource.mil/12038/MOS/Reports/2014-Demographics-Report.pdf)